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ABSTRACT

The collection of 12 papers from the 1979 First Annual Nebraska Symposium focuses on the problem of educating the secondary school aged disturbed student. Entries include the following titles and authors: "Issues in Diagnosis and Programming for Socio-Emotionally Impaired Early Adolescents" (W. Morse); "Adolescent Behavior--The Normal and the Not So Normal" (R. Gibson); "Variables Affecting Deviant Behavior in Culturally Diverse Adolescents" (P. Chinn); "Creative Potential of Atypical Development" (D. Eyde); "Continuity/Discontinuity in the Life-Space of the Behaviorally Disordered" (A. Fink); "Psychotherapy with the Behaviorally Disturbed Young Adolescent" (S. Sherrets); "Programming for Emotionally Disturbed Deaf-Blind Youth" (L. Lee); "Emotional Disturbances in the Mentally Retarded" (F. Menolascino, D. Eyde); "Curriculum Adjustments in the Area of Vocational Preparation for Emotonally Disturbed Youth" (B. D'Alonzo); "Programming for the Emotionally Disturbed Youth with Communication Disorders" (D. Vetter); "Curriculum for the Gifted Child Who Is Emotionally Disturbed--An Intervention Approach" (J. Grossi); and "Career/Vocational Education for the Handicapped" (M. Maitre) (SB)

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Proceedings for the First Annual
Nebraska Symposium on Current Issues in

EDUCATION OF THE EARLY ADOLESCENT WITH BEHAVIORAL DISORDERS

Symposium held in Omaha, Nebraska,
May 9 - 11, 1979

Editors

Donna R. Eyde, Ph.D.
Frank J. Menolascino, M.D.
Albert H. Fink, Ph.D.

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symposium

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THE EDITORS

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FOREWORD

The First Annual Nebraska Symposium was convened in May 1979 to deal with the topic "Current Issues in Educating the Early Adolescent with Severe Behavior Disorders." It was the intent of the sponsors to provide regular and special education classroom teachers, administrators, and other interested professionals in the State of Nebraska with information that would be useful in developing effective responses within schools for secondary-school-aged disturbed youth. Both the saliency of the topic and the professional stature of those who accepted invitations to present their expertise, contributed to the success of the symposium, which attracted interest and participation from many parts of the country. This clear indication that the topic was of genuine value, not merely within Nebraska and the immediately surrounding area, but nationally as well, reinforced an early decision of the sponsors to publish the papers that were to be presented. We are therefore pleased to offer within this volume, authoritative discourse on critical aspects of the problem "Educating the Early Adolescent with Behavior Disorders."

In the opening paper, Morse focuses upon specific diagnostic and programmatic concerns, stressing the point that all who would work actively with this population must understand the *unique* psychology of this period of development. A difficult aspect of this issue is differentiating normal adolescent problem behavior, i.e., behavior that reflects the usual turbulence of this period of growth, from behavior which in fact requires referral and professional help. Gibson's paper provides helpful and practical guidance in making distinctions on this issue. Chinn addresses the problems associated with cultural diversity and the variables which affect deviant behavior in the context of that pluralist dimension. The writer makes the interesting point that while our culture and society's expectations and negative attitudes often contribute to a self-fulfilling prophecy for the middle class adolescent, attitudes and expectations for minority group individuals often are even harsher.

Eyde offers the important perspective that "atypical responses must be carefully scrutinized before they are rejected, cured or endured," arguing that "denying that variability can fail to satisfy positive, creative, productive goals in society." The writer thus argues that educators must learn to "differentiate adolescent behavior which is different but potentially productive from behavior which is deviant and perhaps dangerous to society." Fink argues the importance of reconceptualizing and rediscovering the principle of continuity in the delivery of services to the disturbed adolescent. Sherrets provides an important contribution on the role and use of psychotherapy, while Lee provides a careful review of programming issues for deaf/blind youth who are emotionally disturbed.

Menolascino and Eyde offer a rare review of the issue "emotional disturbances in the mentally retarded" noting that "the range of emotional handicaps in retarded children and adolescents does not differ significantly from that in the general population." D'Alonzo takes up the important question of vocational preparation for emotionally disturbed youth and defines the curriculum adjustments necessary in planning vocational preparation for this population. The special problems of emotionally disturbed youth who have communication disorders and gifted children who are emotionally disturbed are the subjects of manuscripts by Vetter and Grossi. Finally, Maitre provides a comprehensive view of career/vocation issues for the handicapped suggesting that enrollment in typical or traditional programs does not provide a satisfactory solution to the "meaningful learning" needs of handicapped persons in the context of career/vocational education goals.

The Editors

Issues in Diagnosis and Programming for Socio-Emotionally Impaired Early Adolescents

William C. Morse

Opening presentations at conferences are noted for saying nothing much about almost everything—or the reverse which is even less helpful. In an attempt to avoid these painful alternatives we will deal briefly with three conditions in the obviously extensive concerns of the conference. These three conditions are each notorious for producing confusion and considerable failure in current educational planning. The first condition to be addressed is assessment or, better put, understanding the nature of youngsters said to have social and emotional problems. The second condition is, how restorative help can be provided, and especially what is expected of special education. We have not been as successful as we sometimes pretend. The third condition in our intersect is early adolescence, which produces overt and covert love-hate reactions from society and even professional workers. Some see normal adolescence as a deviant state. Early adolescence is a time which Lipsitz (1977) says is forgotten. To be confronted with adolescence and socio-emotional deviance in one and the same group of youngsters tends to immobilize many agencies. We pick and choose those we are willing to respond to and leave the rest to the fates.

It is proposed that we *do* know much more about what is needed for these youngsters than we own up to. But, by each doing our own thing, we justify ourselves as professionals without confronting the problem in its totality. The question is not so much understanding what to do as it is the commitment of financial resources and psychological fortitude as well as the commitment to forging new alliances and patterns of service. There are three parts to this paper: (1) assessing socio-emotional problems, (2) the exacerbation of problems in early adolescence, and (3) concepts of program building for this group.

Assessing Socio-Emotional Problems

If all of the time, money, and effort spent on defining socio-emotional impairment had been spent helping children, we just might have been able to make a barely noticeable difference in their lives. There are probably many reasons for this preoccupation with definition. One is the legal fear of pejorative labeling. Another reason is to make certain that monies are spent legitimately. This requires defining "out" certain youth, since we know the mental health needs alone are far in excess of the total 12% special education population we are legally bound to serve. Also, some deviate states have a poorer prognosis then others, and certain ones are especially trying to work with, all of which encourages exclusiveness in definition. We seem to want some impeccable ritual to decide if the youth is or is not disturbed.

It is sad that we cannot assist on a pragmatic basis without labels whenever good quality regular educational services are not adequate to help a youngster. This would be *generic special* education. It is worth noting that the national definition of emotional disturbance is based upon adverse educational performance-inability to learn for certain reasons. As a matter of fact, there are children in whom socio-emotional impairment may not be evident in school learning. The federal definition moves on to indicate unsatisfactory interpersonal relationships, inappropriate behavior or feelings, depression, psychosomatic conditions, and schizophrenic or autistic behavior. Then the disclaimer clause that this category is *not* to include socially maladjusted unless it is determined such children are also seriously emotionally disturbed. This caveat allows special education to avoid responsibility for value defective youngsters, the very group thought by many to be our most pressing social problem, and a significant percentage of the problem children.

The understanding of a youngster and his world is a complex clinical analysis. There will never be a satisfactory set of rules to decide automatically which children fit. There are those who say it is all situational and there are no set characteristics. We will never know enough. But to know as best we can rather than focusing on fitting children to diagnostic categories, one can take cues from teachers who are doing the actual work with disturbed youngsters. What do they want to know in order to plan effectively for the youngsters? Over the years we have a list of about 30 dimensions teachers asked about such pupils (Figure 1). These cover cognitive; affective, both interpersonal and social; and biophysical aspects. Now there is nothing magic about these particular dimensions. People who work together must evolve their own pattern for understanding a pupil. An imposed set of dimensions is seldom useful. Some of the dimensions we will indicate can best be scaled by objective tests, others by observations, and a good many by astute communication with the youngster and family members. The teacher's role in developing information has been discussed in detail in Sabatino (1979), along with suggestions for scales one might utilize.

Certain dimensions will have little or no significance for a particular youngster. The real intent is to understand a child and not to assemble an information bank for show. Whatever else is studied, the list should include: (a) the nature of the cognitive functions, how the intellect functions; (b) the value system, or lack of it, which has been incorporated; (c) affective states; (d) self-concept/self-esteem; (e) relevant physiological conditions; (f) family role complications; and (g) social network affiliations. The particular dimensions indicated here are reasonably self-evident, but they will be described in detail in a forthcoming publication.

When the information is displayed, it is still necessary to put it together to describe the overall self and how the pieces fit together. Our own cognitive maps of person variance include summative patterns to give meaning to the isolated dimension

0.1 Name ____________ 0.2 Sex M F 0.7 Family, Sibs
0.3 Age ______ 0.4 Birthdate ______ 0.8 Family Role
0.5 Grade ______ 0.6 Date of Recording ______ 0.9 SES, etc.

Educational Diagnosis 250
Intervention Summary 79 Morse
Sheet

1. COGNITIVE
1.1
1.7
2/3 AFFECTIVE
2. Interpersonal
2.1
2.9
3. Social
3.1
3.5
4. BIOPHYSICAL
4.1
4.8

4. Person Synthesis	3. Person Scan Assets/Limitations	1. Referral Problems	2. Milieu Scan Past—Present		5. Intervention Tried	6. Interventions Planned			7. Reassessment and Replanning
			support factors	stress factors		short	I.E.P.	long	

Code for Suggested Dimensions

1 COGNITIVE
1.1 Ability: V___ P___ T___
1.2 Achiev.
1.3 Learning Disabilities
1.4 Study Skills
1.5 School Motivation
1.6 Cognitive Mediation Ability
1.7 Reality Testing

2/3 AFFECTIVE
2. Interpersonal
2.1 Self Concept
2.2 Self Esteem
2.3 Identification Targets
2.4 Level of Trust

2.5 Level of Value Incorporation
2.6 Attribution of Responsibility for Behavior
2.7 Empathic Potential
2.8 Affective States: Hostile/angry/oppositional/passive/aggressive/depressed/fearful/anxious/impulsive/hopeful/etc.
2.9 View of World, Prognosis of Future

3 Social
3.1 Peer interaction: Leader/follower/rejected/exciter, etc.
3.2 Authority Relationships
3.3 Attention/Relationship Seeker
3.4 Likability/Winsomeness
3.5 Out of Sch. Adj.

4 BIOPHYSICAL (Motor, neurological, temperament, etc.)
4.1 Physical State, Health
4.2 Neurolog. Integration
4.3 Appearance/Anomalies
4.4 Perception
4.5 Body Self-Image
4.6 Birth/Post Natal Trauma
4.7 Medication/Drugs

4.8 Developmental Rate, Features
4.9 Temperament (Chess.)

Figure 1

data. The fact is, behavior has meaning not as a series of symptoms but as parts of a pattern or syndrome. For example, there are many varied dynamics for acting out behavior. The following categories are related to the classical syndromes but are not thought of as pure types. The label is only the general map, never superseding the uniqueness of the individual. The total estimate is for 3% of seriously socio-emotionally maladjusted in the population. Of this group 26% are neurotics, 27% essentially value deficient, 8% autistic or psychotic, and 26% reactive to current pressure and responsive predominately to environmental alteration.

The other aspect of the profile study of the person and place is indicated across the 7 side headings. Because the method for problem solving revolves around the referral problem, this is examined first relative to the various dimensions just discussed to see specifically where the problem behavior lies. In the second heading, it is as important to scan the milieu as the person for past and present support and stress factors. As indicated, it has been estimated that roughly 25% of even the seriously disturbed are reactive to current environmental stress inside or out of the school, where behavior changes would follow amelioration of the environment rather than the person. *The study of the milieu is as critical as the study of the person.*

There are two problems in scanning the environment. One is some "objective" assessment of the school, home, and community life. Fortunately, there are scales available now to apply to the ecological conditions in almost all aspects. Moos (1979) has been the outstanding leader in environmental assessment of various institutions.

However, knowing what is there does not satisfy the total assessment problem. There is also the question of how the child perceives this environment. Children have different sets of priorities. What looks terrible to a trained worker may not be so to the pupil, and vice versa. We thus need to know how the child sees the family, the school, or the neighborhood. We operate out of our subjectivity in these matters. Supplanting the child's view with ours will not help us resolve the dilemma. We need both what *is* and what is *perceived*.

It is interesting how often, even in a supposed controlled residential milieu treatment setting, it is virtually impossible to put the resources together for what is planned. There is much less opportunity in the real world, where limited access to interventions of choice make the contingency plans the reality.

We move next to the person scan number three, checking out the dimensions for both assets and limitations. Once this has been accomplished, it is necessary to get a holistic concept of the pupil. What is the comprehensive nature of the self-concept and self-esteem matrix of the individual?

The description of what interventions have been tried in the milieu or with the individual are column 5. From a study of these we can reduce the time it takes to get at the essential business of what should be tried, column 6.

Calling an IEP an adequate plan does not make it so. Legal implications of accountability make addressing specifics more inviting than the fundamental concerns. There is a great tendency to saddle the teacher with impossible accountability conjured up by others. Burn out, characteristic of all the mental health profession, is accelerated in the teaching profession by such tactics. In reality, there is the group-evolved official written IEP, then one in the mind of each parent, an operating one from the teacher, and certainly there is also a pupil IEP. With adolescents, it is this last IEP which counts. An IEP designed by others for a teacher to execute and be accountable for is suspect. Also the specificity of goals now so popular is not what was intended, but rather a more general statement. As one teacher said, you are either neglecting or abusing a child according to the chain of accountability experts who are hired to make the teacher honest. The values and liabilities of the IEP concept are too complex to analyze here. Also, the historical overemphasis on diagnosis has led to disaffection about any diagnosis in many people's minds, and many IEP's are almost independent of the diagnosis. Especially at early adolescence we cannot rest upon a diagnosis on the basis of symptoms alone. There are children who were adequate before but begin to have serious difficulties with the onset of early adolescence. Cataloging or labeling falls short of conveying the complexity of the youth we are trying to help. Malmquist (1978) points out that problems at this age may be a developmental or situational crisis. We need to study the cognitive ego and the youngster's reasoning abilities. But we need to know as well the control over impulses, the affective dispositions, and values incorporation. With their fluid intelligence this age group can confound you with their reasoning at the service of impulses, which provokes anger in the helper.

Are new directions possible in diagnosis? The concentration on instruments and techniques of diagnosis has essentially enabled us to avoid the real difficulty of the task. It is never a simple thing to know other human beings to the point of understanding why they behave the way they do. There are layers upon layers. At times there are particular fragments which give better reflections. But what is known must be put together in a pattern which will guide future actions. What is known must also be converted into meaning for the young person. The conversion of whatever data we have into self-knowledge is essential. Diagnosis is in a highly defensive state because of the legal fears of saying anything lest it turn up in court. Regardless of the climate, understanding another human being and helping that human being to understand himself is still the number one priority.

Diagnosis as a historical rather than existential phenomenon. Those of us engaged in diagnosis have too often been preoccupied with "how did he get that way." The fact is, the continuity hypothesis regarding deviant behavior is being subjected to a great deal of criticism today. Rosenberg's (1979) studies indicate that there is considerable disturbance of the self-concept in early adolescent years. This means that monitoring mental health anew in these years is critical.

The historical approach also creates a blame cycle—who is at fault? The parents, the schools, the community, or a plain bad kid? Our diagnostic goal should change to discovering the nature of this person right now. The genesis of the problem is a factor when it is germane to planning remedial efforts. The core of our effort should be to know the self-concept and self-esteem of the pupil in question, including an array of significant items needed to appreciate the nuances. This information will open the door to effective planning.

There is too much gratification in our current diagnosis put on cataloging. The new American Psychiatric Association system is a complex of syndromes and symptoms, many pigeonholes. in our own experience even the best diagnosis of this type falls short of prognosis or even immediate planning. If it were true that all we needed were stereotypes and could, by the nosology, do our work, then the effort expended would be worthwhile. But diagnostic folders are filed and the person who is doing the teaching conducts his own independent functional diagnosis to survive. Often this is a short-term hodgepodge, but it is necessary to face tomorrow morning.

A real diagnosis is anti-stereotyping because it features uniqueness over and above type or label. *Diagnosis is essentially an anti-labeling phenomenon*, since it describes a unique being.

Of course, this runs afoul of most current special education which wants to know the category for accounting and financial reasons as well as for locating the pupil in the proper service. However, the location is often a result of what is available and not what is needed, anyway. The design of a functional IEP is in essence a design for recouping a life.

Particular Problems of the Normal and Disturbed Early Adolescents

As Lipsitz (1977) says, early adolescents are in the forgotten period. There is little integrated theory and less research on this critical period. In the welter of political, sociological-descriptive and pop publications on adolescence, the dynamics and nature of the developing person in early adolescence are almost lost. The early adolescent has never received adequate attention: In fact the netherland between late childhood and early adolescence is an unintegrated study of two developmental stages. Adult hangovers are especially important in dealing with adolescence: It appears that most of us would not relive this age again if it had to be in the same context we once suffered through.

It would be impossible to review here the many concepts which are emerging in the definition of this field of study. It is a distinct period with dynamics of its own. We will review only a few of the primary issues and blend together the normal and problem implications.

Adolescence has often been envisioned as a psychological disaster in our society. If expecting would make it so, it certainly is. Youngsters, parents, and teachers are warned and myths abound. Anxiety that adults have about safety in the community is often translated into suspicion about youth, ending in a sense of mistrust which is felt as rejection of the self by youngsters. They become the enemy. Because of their expanding consumerism they are costly and subject to the manipulation of perpetrated fads in music, clothes, and entertainment.

What this adds up to is that adolescence today is a more complex and difficult time than even a few years ago, just as being an adult is more stressful. But we should recognize that most young people survive the period and merge into adulthood in reasonable ways. We must not forget that. But what we must also remember is that the disturbed youngster does find the time of adolescence one of particularly significant stress and too often a disaster.

However, lest we become fixated on the difficulties, we need to recognize that *this period is also a time of great ebullience and many resources.* It is a time of change. It is a seeking and exploring time. There are so many chances to help if we can but find out how. The least auspicious preparation for acquiring an integrated, functional, and purposeful reworked self in adolescence is to come to it fouled up and with a history of failure. Low self-esteem, lack of mastery of one's impulses, and low skill development (both achievement and social) make one high risk for this new experience. Further, if you lack the proper support systems prior to stress, you have nowhere you can turn. With that in the background, we turn now to a brief look at development during these years. Malmquist (1978, p. 29) lists some of these which I have altered and added to considerably in the following pages.

The independence-dependence struggle. This involves double standards, fitting in with the family and the peer group, at the same time. As Jessor (1977) says, one cannot understand the behavior without recognizing the affiliative support system. It appears that it is difficult to develop that executive independence the adolescent strives for without becoming alienated from the family, especially if the family embodies the type of values we say it should have. Some early adolescents regress into childish immaturity and a teasing dependency relationship with those who are trying to help them. However, it is more likely that there will be an anti-adult solution. There are several consequences all too common in this battle. Submission to adult code, expectations, or pressure is equated to the loss of selfness and resisted. At this age the joy of risk taking and obliteration of the self in peer loyalty develop. It is better to take your punishment than to accept help. Even loved adults are targets because they care. Adults who go "adolescent" themselves to "relate" end up being exploited or giving sanction to the behavior they are supposed to help change. Parents are too often too much a part of the problem to sort out what is going to be helpful. Being treated as a preadolescent at this age is the kiss of death—even when the youngster behaves like a preadolescent. Models for behavior tend to be peers a bit older and more defiant than one can afford to be on his own.

Adults often ignore the self-motivation of impulse behavior. Even for the self with a conscience, there is often an intrusive reward in letting it all hang out. For the sociopath it is life itself. When excitement is the single end of living, we have the random assault and even murder as depicted in King's (1975) cases of children who kill. But the excitement of sex, aggression, or tripping on drugs offers such a relief from meeting life's problems that these have become the solutions for many adults in our society. Of course, these kids are too young to solve their problems that way, only they do not know they are too young. Adolescents did not invent retreat and escape. They just discovered it after incessant prompts from society. Some of them are even slow learners. The fact is, leading a reasonably intact life is not easy. It requires a great deal of continual effort and a return through satisfaction that the task is worth it. Again many adults seem to question whether it is worth it themselves as they do their own thing. Do we display the persistence in helping them that we ask of them in helping themselves? Or do we model giving up?

Much of the contest with adults stems from what Malmquist (1978) calls disillusion.

> The most vitriolic adolescent conceptualizes adults as those who possess the power which they must struggle against. Verbalizations are in terms of struggles for freedom, equality and individuality. (p. 636)

To manage this battle, they have to make out helpers as bad—as enemies. If you have to (as adults must) expect meeting of reality, this puts you "on the other side." The dismay and anguish this creates in the helping profession is not always admitted. This is why it takes great insight and empathy to just do what Redl (1966) once said was the first step—live with them, let alone help them. All our efforts to enhance their survival possibilities are converted by them into criticism, lack of understanding, and not really caring. Few teachers or therapists can stand much of this.

There is often a great deal of anger and panic as the battle lines are drawn. Malmquist thinks that much of the appalling violence against person and property of this age group is a panic response. The fear of what one *might* do generates terrific anxiety. There is also the "all or none" reaction where things are seen as *me* vs. *them.* To ward off self-destruction, one attacks. Many times the explosion follows a period of brooding and passivity. The demands of school may be the genesis or may just be the place to act out conflicts generated in other settings.

One of the most perplexing conditions Malmquist describes is the "episodic dyscontrol." One day things are normal, and the next day this very same youngster goes into an outburst. These intermittent "actors out" frighten the school because they are unpredictable. What is suspected is an accumulation of stress, a buildup of external or internal pressure during the quiet period, later touched off by a "nothing" event which does not at all merit the behavior. For this child, crisis intervention is counter-indicated. It is rescue after the fact. There is a great tendency, especially in schools, to let well enough alone, when actually well enough is the cue for working on the state of affairs to prevent outbursts.

Metamorphosis of identity, body image, self-concept, and self-esteem. It is dubious that there is the chance for the psychosocial moratorium suggested for adolescence by Erikson (1963). The self-image undergoes a relentless restructuring which is brought about by physical change. The narcissistic concern with physical attributes indicates how important the physical self-image is at this time. You are playing for keeps now. Time dissolves. Work habits may vacillate and the therapy of accomplishment, productivity, and creativity are lost. There is experimentation with self-lifestyles both negative and positive. What is needed is order, meaning, and relevance around you as you work this out. In place of tapping the deeper resources of society, the youngster is often left to find his own way.

Body image. Adults must remember the wide variation in rates of physical growth. The youth's constant thought about this and worry over it produce considerable anxiety. Incidentally but not incidental are the differences between the sexes in adolescence—the earlier timing for the girls, the new public models of female lifestyle which may or may not be exemplified at home. Miller's (1974) dictum that the sexes are better separated at this time in school may not appeal to you, but you cannot ignore the implications of growth differences. Parenthetically, those with a model physical stereotype of a vigorous male habitus or an engaging female profile in a youngster with few other assets, can lead into utilization of their "talents" which is a solution that is not a solution.

The person at the adolescent stage obviously has the capacity for conceptual thinking. Thinking of one's characteristics includes one's ego strength and ability to control impulses. Weakness is to be disallowed. And in the body image, it is not what is, but what one phenomenologically thinks one is. The unconscious conditions also play a part.

These matters help us a great deal in understanding what is going on, as we shall see. At this point, one never works with a youngster without appraising the nature of the body self-concept. We recognize that some of these youngsters project their own negative views to those about them. They think that others are looking at them, seeing through them, and, for the disturbed ones, judging them unfavorably. The reverse is true of the oversatisfied ones who see themselves as a gift to the world and expect to be so treated. The next thing which happens is that the person who judges unfavorably (based upon the youth's projection) is blamed for ideas which have been attributed to that person, even when there is no truth in the projection. No wonder communication is difficult. No wonder the typical adult gets particularly defensive when dealing with these distortions. This attribution of behavior to others is never cleared up; the result is two human beings existing in different psychological space regardless of the exchange of words.

Self-image combined with the body self-image is the total self-image and self-esteem system, which are the characteristics one associates with one's "selfness" and the evaluation of these attributes. These are two separate functions. Unfortunately, adults often apply *their* own self-evaluative system to the youngster, thus missing the many who have socially inadequate or deviant self-natures but have no anxiety or self-depreciation as a result. As Bandura (1974) says, the most precious attribute is self-esteem, but each has his own system of appraisal based upon values which have been accumulated and reference groups which are relevant to him. Some kids are not upset when they fail to do school things. They have another lifestyle which is satisfying to them. One can ask what the school has to offer.

In a more essential way, we are talking about the identity crisis of Erikson (1963). It would be better to call it an identity reformulation, which with deviate youth can result in the crystallization of inadequacies and crisis phenomena they experience at this time in life.

It is recognized that early adolescence is the most turbulent part of the total adolescent metamorphosis. It is the most painful time of all. And where there is

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pain in an individual there is likely to be reciprocated pain in the social interaction system. In fact, one criterion for a person who works with this age group is how much of the pain you can absorb before you give up, before you start abreacting your own adolescence, before you make the problem child a double problem.

One of the things we mistake about early adolescence is the penetrating loneliness. It is of course more than this. It is alienation, the sense you are so alone no one knows you, really, even your mother.

What is going on is the search for intimacy but on a new basis. The intimacy is needed with adults and peers of both sexes. It is a trust, intimacy, and a sharing of co-equals. All of us have been lonely in a crowd. It is easy to mistake the gymnastics of early adolescent group life as fulfillment of deep social needs. The pathological attachment to group life, the retreat to the safety of same sex cliques, the instability of relationships all give us evidence of the process which underlies the group behavior. It should be noted that there are great individual differences in socialization, dating, and most other aspects of this age.

We can ask ourselves how well our high risk kids will manage the new socialization, often coming to it with old preadolescent socialization failure. We can ask ourselves how useful group life is programmed into the school experience. We can ask ourselves why we do so little group work in schools when this is a major medium.

Again, the search for intimacy can lead to pseudointimacy such as exploitative sexual involvement. After all, older people, who are good images, have achieved intimacy through marriage which includes sex. It is an accepted pattern. Is it any wonder the more desperate and the least secure seek a solution via instant intimacy, sexual included? "But, I don't even know your last name." Being cool and apart is often a reactive style of dealing with intimacy need, too. Again, adults who are going to help must have particular insight into the complexity of intimacy, the most profound of human experience.

The societal role is a problem for early adolescents. It is difficult to find a socially meaningful role for them. The way it works society now has no need for them. We would invent schools if we did not have them to keep youth off the streets and out of the labor market. We do have employment for some when we need low cost help. Of course, it is not only the young adolescents who face this. And it is especially the big city minority members where we cut the heart out of hope. From *400 Losers* (Ahlstrom & Havighurst, 1971) we know that work is not necessarily a successful therapy in itself. But if the ultimate goal is life streaming (in place of mainstreaming), joining the society as a producer may have more curative power than yards of well-meaning talk.

Because we are a money society, we forget that a great deal of our society runs on volunteer assistance. I am not advocating this as a solution, but only to sensitize us that to give may be the way for some to feel whole enough to receive. It may be self-healing. The cross age tutoring, helping older people, conservation activities—we have to find ways of providing channels to help others, especially through group projects.

Achievement fixation is a school disease, and I mean academic achievement. Often the youngster at early adolescence is preoccupied with his own problems. Eriksonian "industry" suffers. Energy is reverted to the self from outside tasks. The more we ask, "What is the matter with you? You can do it, and you used to be a good student," the more we encourage the youth to focus on this problem self.

There is a dual implication of adolescence for intervention: high vulnerability to external and internal events; a labile state, which offers a unique opportunity if we are willing to pay the price.

It has been said that puberty is second only to birth as a drastic change—but this time the individual is aware (Malmquist, 1978). There is the experience of the present and anticipation of the future. Because the pupil is now at Piaget's formal operation stage, the youngster can now see himself as others see him. This results in a sense of not being known. They do not see the real me. But there is the belief that others are as critical of him as he is of himself. The alienation is a result of feeling unique, one of a kind, "no one knows the trouble I've seen."

Concepts in Educational Programming for the Early Adolescent

Most of what constitutes a reasonable educational effort for the socio-emotionally disturbed young adolescent has already been implied; it is a match of the individual diagnostic data and the particular attributes of the age. This section reflects briefly on certain implications for establishing educational intervention efforts.

Program format has preoccupied the field. First off, the attention given to the administrative format of the delivery system—mainstreaming, resource room, special class, day school or institution, or whatever design we come up with must remain low profile. We spend more energy on *where* a pupil goes than *what he gets* once there. These are political decisions, by and large. Where is there space? Who will take him? What will his parents accept? And so on. Even when we know what he needs, we focus on what we have or what we can get away with as a program.

This should be replaced with an analysis of the psychological processes which must be generated to help. How can we give him what he needs? The quality of the actual experience he will get is the determining factor. This means the IEP has to include what resources are needed and who will be responsible for doing what. Accountability is equally for the teacher, the other special personnel, the family, and the youngster. To put a youth in a program does not solve the individual needs of that individual.

It becomes obvious that schools cannot go it alone with the early adolescent, or any age for that matter. The critical elements of the community milieu must be included. All are in a milieu whether or not it is "treatment." The relationship between the courts, the mental health establishment (private or public), and the educational establishment is notorious for malfunction even when there is a relationship. Mostly, a relationship does not exist. We need to study those places which model good interrelationships.

When it works, I venture to say the flow chart of cooperation really is less important than the persons in those places. It is also possible that the present practices of dumping responsibilities on the schools and scapegoating the schools by other community agencies is a symptom of their guilt and a recognition that, in common with schools, these other establishments are using outmoded procedures and avoiding the agony of the pervasive social task we have before us in this area of youth service. There is burn out all over and zombie, perfunctory activity which no one believes in, but it is a professional job anyway where you can get paid. In many places turf defensiveness extends from the state level to the local level.

The only thing is to push budgets and responsibilities to others when possible, leaving your own agency with "workable" tasks. There is widespread depression and burn out in our field. We need to look at this before we try to help youth. They often are more aware of it than we are.

If we are going to individual life planning which is needed, rather than IEP which is bound to fail in most cases because of its limitations, we must address the interagency matter. Probably you will need to have a series of outside consultations to work it through. It is criminal to talk about an educational program alone for a youngster who is being abused at home, where a divorce is pending, or where intrapsychic problems are overwhelming.

A great deal of help-providing effort and expense is wasted because of the way the helping process is viewed. It is hard to get help. You have to be stigmatized to get help. Getting help for an emotional problem is especially difficult because it shows you are bad, have no will power, or are weak. If you are born with a learning disability, that is one thing; even though it is hard, your parents accept it as an act of nature. But to have emotional and social problems means that somebody is at fault. It may be the target person or those who raised him. The blame is ascribed to someone. Even the ecologists who would blame the environment—families, schools, and communities—all put the curse on someone. After all, these institutions are people. This tendency to blame is reinforced by the eagerness to assign causes and study the case. What went wrong? It is further confounded by the variety of beliefs about the species, the nature of human nature. If one believes in the "evil seed" theory, then the "bad potentials" have flowered: Human nature is the enemy. If one believes in the popular humanistic "good seed" notion, then somehow it got fouled up and the person did not actualize himself or someone did him in. Since the evidence is moot on the nature of human nature, the myths one holds about it are the original projective test. We read into it what we will.

The result is, those who are helpers are caught up in the confusion. The way special educators and therapists—who make their living on pathology—feel about it is part of the hidden agenda of helping. Special education is in a self-flagellation period. We learn how to help children who are sick or deviate, gone wrong somehow. And there is some evidence we see the disturbed child as both bad and powerful. He is the enemy. So there is something negative about even giving help. Help should be saved for those who have achieved a very seriously bad off state. While some help givers have resolved their schizophrenia on these matters, many have not. General education, the general public, parents, and youth have not. So we have a profession of saviors who help those in dire need, but it is too bad that they need us. No wonder there is ambivalence about special education by pupils and their parents.

Now, at the age we are talking about, the act of giving support is risky even for normal early adolescents. They are striving for executive independence. Even listening is dependency. They should be able to figure it out themselves. Parents and teachers know rejection of assistance only too well, and the resistance forms are many. To get help is to be weak. It robs the youth of the adolescent birthright to be independent. Added to this is the increased sexualization of life, and the libidinal attachments which can be aroused on too much closeness with chosen adults. There are frightening hetero and homo attachments. The transitions from attachments which are dependent to attachments of sexuality are not easy to handle.

When we look at help giving in all of its complexity, it is no wonder we botch up so much of it at this age. There is a need for special training for the teachers who are to give assistance to adolescents.

The person is the central aspect of the program. As we have seen, whatever else is done, pay prime attention to the personnel who are the helpers, be they regular teachers, special educators, or mental health workers. No delivery design can outstrategize personal incompetence. Current training for work with this age appears to be deficient. A high degree of self-awareness to prevent negative counter transferences, communication skills, ability to empathize with this age, competency in the professional skills which are to be expected, the ability to advocate and work the various systems for the welfare of the youngsters—we know these are necessary. When we spot teachers with these talents, we promote them to desk jobs.

Teachers will have to be able to work with kids and adults, parents and co-workers. What this age needs is a deritualized professionalism, and this is difficult to get. We have patients, labels, adult roles, and titles which enable us to depersonalize and dehumanize our work. These protect us from the vexing trials which these youngsters give us. As a protection we split up and fractionate the youngster so that no one is really responsible.

High job stress goes with the work. Those who work with this age group will be subject to burn out, though the term is pejorative. We really mean job stress. They will need consultation and renewal. They will need to alternate the difficult work with the disturbed with time for normal youth to keep perspective. Do not set up a program and then abandon the vital core, the protection of the stamina of the staff.

More group procedures are needed for this age. The need for a wide variety of social experiences at this age is obvious. As the family was the generator of basic learning for the preschooler, the peer group is the laboratory for the adolescents. But being able to use peers for growth is not automatic. Peers can teach unwanted lessons, though through peers we must provide wanted ones. Those who talk about mainstreaming ignore a great deal of the significance of peers. With the proper academic program, a small class is obviously able to do a great deal in academics that would not be possible lost in the large class maze. But we have to consider what being different makes you feel at an age when you are possessed with the fear of being different to start with, and what restrictive social contacts do. What special placement does not reduce the normal socialization opportunities? But it would be naive to the full to say that youth who have poor social skills will automatically make use of the "normal" setting. We know as a fact that even many of the so-called non-special peers can not and do not make it. There are a wide variety of procedures, but the peer affiliative needs of this age makes this a natural channel. Only it is most difficult to conduct. The work done in Montgomery County, Pa., is evidence of its promise. We need group work especially for this age.

Programs must broaden the concept of education. The programs for disturbed early adolescence are compounded of assistance for emotional problems and educational problems and assistance in merging into the real world. We have discussed the problems of help for emotional problems. For the academic educational problems, the schools have the resources if they can find the talent to make them available in the proper manner. In fact, one of our difficulties is in an academic-saturated school tutorial experience, as if we can remediate by this channel alone if we only keep at it long and hard enough. Such learning is essential, but done as abstract skill learning is often difficult to motivate. It needs to be incorporated with real life experiences, the world of work, and adult activities. And the impulsiveness of the age will not stand for long, vague preparations.

Even the early adolescent is concerned about his future: In fact, that may be one of the significant aspects of psychological adolescence, the anticipation of the future as it invades the present. The fact that there are unemployed, especially unemployed youth and very especially unemployed minority youth, is not lost upon them. Those who reject the "learn to earn" myth are often afraid they have made a mistake. They wonder.

Adults increase the anxiety about what you are going to be and the competitive nature of the world of work. The jobs are available only when you are of age, and even then they are seldom exciting or reasonably paid.

A therapy of merit which should be incorporated into special education is work as indicated previously. In one 15-year follow-up study (Shore, 1979), it was found that adjusting the counseling methodology and building academic schooling around jobs and doing individual placement and support around a therapeutic plan produced encouraging results for "hard to reach" adolescents. What we do know is that earning cash is equivalent to earning independence in a money society. It is also a setting where one has to meet standards. We should consider this for particular youngsters. The aim of getting them "back in the school mainstream" may be futile. And if we did, it might not be the correct thing, for often the operation of the mainstream is suspect.

Examining the content of mainstream education. Many schools for young adolescents are dull, nonrelevant and, unstimulating even for the normal youngster. There is a double danger in mainstreaming our youngsters with their personal turmoil into such settings: (a) the direct effect on the youngster; (b) the fact that there is no resource in the social matrix of such a "normal" group to provide a healing environment (Lipsitz, 1977). Even for the normal child, the result is a lowering of self-esteem and instability of self-image. The idea of keeping them in school as a way to make them end up normal is a myth. Yet we are mandated to keep them in at all costs to everyone. Alternative schooling will be needed for many. Many youth are not as much unable to do school cognitive things as they are uncathected to such activity. They have skills and vocabulary for survival their own way. Keeping them in school is a cure only if the schooling they get is relevant.

The need for a variety of psychological interventions. Finally, we should move beyond mechanisms in program planning. There is a great emphasis on what kind of a psychological process dominates the program as if there was one cure to all the problems of socio-emotionally disturbed children. There seems to be a great need to have the one and only elixir of cure, be it behavior modification or family therapy. Nowadays there is even an effort to show how all are one and the same by compulsive professionals who cannot stand to be different.

The fact is, there are different modes of learning. There are direct and indirect change efforts. While teaching procedures are compounded of several modes, there is good reason to be aware of differences. Otherwise we cannot apply the specific mode for a given youngster. One is not better than another; one is more appropriate for a given youngster in a given setting for given goals. There is a need for behavior modifiction, cognitive learning, learning through relationships and expressive media. The fact is, with all the modes, we do not seem to be doing as well as we should.

Epilogue

I am convinced that our myopia rigidity and lack of progress with early adolescents are more due to lack of understanding than to malice. We have all been children but have forgotten what it was like. We have all had problems but ignore what we found out. We have to learn these things all over again, both the universal dynamics and the specific formulations. The next step will be to pay as much attention to the unique development of young adolescent girls as we have to the boys. Each youngster is a being unto itself. And the adults who help them are just as unique.

In holding things together, there are two foci which center the operation. Because of laws, rules, budgets, fixation on the delivery system, and other mechanics, the parts tend to get disjointed and develop lives of their own.

The real purpose of all program attributes must have the dual aim of: (a) helping the youngster see a reasonable solution to his life dilemma; (b) helping the primary care giver—the teacher—to do useful things. All that is done in the name of special education should end up in service to these two.

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Adolescent Behavior—The Normal and the Not So Normal

Robert L. Gibson

Adolescence has been variously defined as a stage in life, a period of growth between childhood and adulthood, the state of growing up from childhood to manhood or womanhood, or the time of life between the ages of 12 and 21. While these and other similar descriptions may satisfy the needs of those from medical and psychological backgrounds for a precise or limited and measurable definition, one must suspect that more popular definitions are those which refer to adolescence as "a time when youth think they're old enough to leave home and their parents wish they would," or an age when one is neither understandable nor understanding. Regardless of how one prefers to define adolescence, most will agree that it is much easier to understand the definitions of the adolescent than to understand the adolescent himself. In fact, as we approach our description of normal adolescent development and problems, it is probably appropriate to suggest that the task of describing the normal adolescent is similar to describing heaven—that is, we believe there is one but it is difficult to describe because we haven't seen one.

Characteristics and Expectancies of Adolescent Development

As a context for more readily understanding normal—but not necessarily "likeable"—behavior of the adolescent, it is important that we as teachers, parents, and helping professionals frequently remind ourselves of the developmental characteristics of this age and the attendant expectancies of our culture. Developmentally, adolescence is a period of rapid, intense changes that drastically alter the individual's physical, intellectual, and personality characteristics. The experiencing and consequences of these changes greatly influence and alter the lifestyle of those at this time of life.

Physical changes are, of course, the most readily observed and easily measured. Only once before (early childhood) and never again will the individual experience such rapid and significant physical growth. In a short space of years childhood is left behind and the physical adult arrives complete with voice changes, sexual characteristics, and impulses. This new physical self is a source of anxiety, frustration, and uncertainty as it develops. Its impact on the adolescent's ego and self-concept cannot be underestimated. Girls are concerned about their figures, complexions, and general feminine beauty, while boys worry about their physical growth and coordination and their general appearances of manhood. To be a late physical maturer—to not develop at the time when one's peers are "growing up,"—can be disastrous to the adolescent's image of himself or herself.

Perhaps equally startling but not as readily observable are the intellectual developments of adolescents. New ways of using one's intellect are brought into play as the adolescent sees and solves problems from a broader frame of reference, becomes more aware of alternatives and options, learns to hypothesize and to make his or her own interpretations rather than rely on others. Dusek (1977) notes that

> Currently available research demonstrates that advancements in cognitive competencies permit children and adolescents to view moral dilemmas and moral situations in more diverse and abstract ways. Higher levels of moral thinking become possible with the onset of formal-operational thinking.

New behavioral and personality traits also emerge. They are observable in the form of new interests, values, and attitudes and a "mode of operation" that seeks to model adulthood. Much of the adolescent's new behavior patterns are designed to establish one's own identity, individuality, integrity, and, above all, independence. These are not without influences from the developing physical and intellectual characteristics of the individual. For example, these may include (Dusek, 1977)

> Changes in attitudes about trial marriages, communal living, and the like, reflect reinterpretations of existing social mores. Although these reinterpretations depend upon the broad changes occurring within the culture, they also reflect the development of cognitive competencies necessary to understand the flexibilities of social mores.

While the adolescent is busily coping with his various physical, intellectual, and personality changes, he or she must also deal with the expectancies which our culture imposes on him or her. While these expectancies or tasks will vary to some extent due to the social-cultural context in which the adolescent develops, we can assume most of the following are anticipated for most adolescents (Schneiders, 1967).

1. Growing up and maturing—physically, emotionally, intellectually, socially, morally, economically, and spiritually.
2. The achievement of independence, including independence of thought, decision, and action.
3. The development of a deep sense of personal responsibility, particularly responsibility for self.
4. The achievement of self-discipline.
5. The development of worthwhile goals, including an education suited to his personality, and the acquisition of a dependable set of values.
6. The achieving of selfhood and self-identity.

Normal Adolescent Behavior

Regardless of the anxieties and stresses of the "change of life" for the adolescent and the additional pressures imposed by the expectancies of their culture, most make this crucial passage with no more than the routine adjustments and "crises" accepted as "normal" for this age group. We would also note that much of this "normal" behavior we must anticipate from this population is not always viewed as either acceptable or normal by many adults encountering this behavior. While parents bear much of the brunt of these behaviors, they are not alone in suffering the consequences of this "generation gap," as many teachers and others will testify. Further, the parent, teacher, and other significant adults in the adolescent's life have opportunities to either help him or her cope with anxieties and adjustments, or to add to them. In fact, the quality of the teacher-student relationship is probably the single most important determinant of whether the student will find a satisfying experience (McCaudless & Coop, 1979). In the hope that we as educators can more effectively assist adolescent development by understanding it, let us note some of the adolescent behaviors which we as adults may have to cope with—and which we may not like—but which can be viewed as normal.

Conflicts with Adult Authority Figures

Parents, teachers, and other adult authority figures will be the recipients of much adolescent aggressiveness, although brothers and sisters will usually come in for their share. This aggressiveness will include bickering, talking back, sarcasm, and other signs of irritability. Much of this hostile behavior will stem from his or her quest for recognized independence and his or her challenges to those who, in his or her mind, would deny or limit that independence.

Behavior Designed to Enhance His or Her Image as an Adult

Much of the adolescent's behavior which adults view as unacceptable is, in fact, seeking to emulate adult behavior. In seeking to enhance his or her image as an adult, the adolescent seeks "the adult experience." He or she is anxious to drive—even own—a car and to drive it in such a way as to draw attention to the fact he or she is driving—usually fast, with attention-getters like tire squeals, rapid acceleration, horn honking, etc. For many there will be a significant increase in the use of profanity. Cigarette smoking becomes another symbol of adulthood. Alcohol and drugs may be experimented with and increasingly used. Sex becomes a popular topic of conversation and sexual activity dramatically increases.

Changing Values, Interests, and Behaviors

The old childhood behaviors which the child's adult associates have learned to expect and cope with suddenly disappear and are usually replaced with behaviors which appear "strange," threatening, and inappropriate. . . and these behaviors may change several times. Typical of these changes are greatly increased interest in the opposite sex, the questioning of old and the adopting of new values and new entertainment and recreational habits.

Peer Group Importance

One of the popularly recognized phenomena of adolescence in our culture is the significance and influence of the peer group. In fact, many of the new values, interests, behaviors mentioned in the previous paragraph are "dictated" by the peer group. The language, dress, fads, and values of "the group" often appear to the adult outsider as undesirable at the worst and mysterious at the best. While demanding his or her independence from adults, the adolescent will surrender much of it to peer group demands.

Mood Swings

While all of us experience mood "swings" or cycles, parents and teachers are often confused and concerned by the seeming frequency and intensity of the adolescent's mood changes. On occasion they seem to 'make mountains out of mole hills." They appear to save their "good" moods for their peer associations and to exhibit intolerant, depressed, or anxiety-oriented moods around adults. While as adults we may not appreciate these changes in moods of our adolescents, they must be considered as more an annoyance to contend with than a problem for clinical referral.

Concern for Physical Self

As noted previously, the adolescent years are ones of rapid and significant physical changes and related anxieties and frustrations. The adolescent's sometimes excessive concern for his or her appearance and well-being and his or her sensitiveness to the reactions of others often put him or her in conflict with parents, siblings, and even peers. It may lead to temporary periods of withdrawal or to the trying of "fad" diets and "medications." While parents and teachers should be—and can hardly avoid being—in the role of interested and sympathetic observers, such concerns and reactions on the part of adolescents are usually more normal than abnormal.

Symptoms of Adolescents' Problems

The extent of the disruption experienced by a majority of adolescents and the difficulties encountered in re-establishing a new, more mature equilibrium have often been exaggerated; nevertheless, psychological and psychophysiological disturbances of varying degrees of severity do occur in a significant minority of young people (Conger, 1973). While the warning signs of many disturbances may often prove to be transitory in the adolescent, it is "better safe than sorry" and teachers should not hesitate to call the attention of the school counselor or psychologist to those students who consistently exhibit symptoms such as the following.

Angry Destructive Behavior

To some teenagers, life appears to be a series of injustices. They may view society in general and the adults who "control" much of their lives (parents, teachers) as harsh, unfair, punitive, and rejecting. As these impressions build, their anxieties and frustrations can turn to anger which vents itself in overt aggressive and destructive behaviors—often leading to delinquency and serious criminal acts. In some adolescents these acts may provide for extreme contrasts to their "normal" good behavior such as a "model student and son" much of the time who vandalizes cars at night, a very religious "good" girl who shoplifts, etc.

Disabling or Chronic Anxiety

Adolescence has often been referred to as the "age of anxiety." The changes and uncertainties of this time in one's life lead to anxieties about one's relations with others, sexual drives, emotional control, and self-adequacy and identity. When these anxieties become so overpowering that they become disabling, or so much a part of one's daily way of life that they are becoming chronic, they can be viewed as a clinically significant disorder.

Severe Weight Gains or Losses

The adolescent's rapid growth coupled with current infatuation in our society with dieting—both to put weight on and take it off—may camouflage this symptom of a serious disorder. Obesity may be a reaction to criticism, rejection, or guilt feelings or an indication of lack of purpose, self-direction, or self-discipline. Severe undereating and possible malnutrition—clinically labeled anorexia nervosa—often signal an individual's lack of autonomy, initiative, and control over their destinies. Overt negativism and defiance may be associated with these feelings also.

Excessive Use of Defense Mechanisms

All of us use defense mechanisms, and for the adolescent as well as the adult they can often serve such useful purposes as anxiety reduction. Such mechanisms as repression, projection, identification, compensation, etc., can become a way of life, however. The excessive and persistent use of defense mechanisms to avoid, replace, or distort reality will prevent normal adolescent personality development and adjustment.

Emotional Outbursts

Emotional symptoms of serious disorders may take on several characteristics. They can be the display of emotions which are inappropriate for the occasion. Other examples would include hysterical outbursts of screaming, crying, or panic and loss of control, or at the other extreme the loss of motor movement brought on by an emotional upheaval. "Tics"such as excessive blinking and other types of meaningless facial or bodily movements can also be signals of emotional disturbance.

Intense and Unrealistic Fears

Unrealistic and near-panic fears, known as phobias, are a common form of neurosis in today's adolescent. These phobias are exemplified by intense and irrational fears of some particular activity, place, or thing such as heights, enclosures, dogs, winds, going to school, etc. They can become inhibiting to the adolescent's normal experiencing and development.

Obsessive, Compulsive, and/or Ritualistic Behavior

Some adolescents may find much of their waking behavior dominated by irrational or meaningless thoughts which constantly reoccur. These obsessions are often morbid or peculiar in content and are not easily dispelled by logic. Compulsive behavior is but action oriented resulting in the individual's drive to engage in certain activities or perform certain acts such as meaningless rituals, compulsive stealing (kleptomania) or compulsive fire setting (pyromania). Often obsessions are related to compulsive behavior, i.e., the adolescent who has irrational fears of catching any and all diseases and therefore compulsively repeatedly washes his or her hands to clean them of all germs.

Depression

The popular publication *Psychology Today* (April, 1979) referred to the present period as "the age of melancholy." While more cases of depression appear in individuals in their late 20's, people may develop severe depressions at any age, and many adolescents do as evidenced by an increase among this age group in the extreme outcome of depression—suicide. A long series of failures, stress, severe shock, or rejections are examples of causative factors. The extremely depressed adolescent may evidence feelings of dejection, worthlessness, guilt, or impending disaster. Physical (motor) reactions are often slow and dull as well. Restlessness and loss of sleep may accompany these symptoms.

When to Refer

While these and other symptoms may on occasion be observable in most adolescents and many adults, there are guidelines which may assist teachers and others in determining when to refer a student for professional help. Kessler (1966, in Woody, 1969) lists seven indications suggesting whether or not a referral is needed. The following questions may be raised on the basis of these seven categories.

1. Age discrepancy: Is there a significant difference between actual chronological age and the behavioral age?
2. Frequency of occurrence of the symptom: How often are the problem behaviors manifested?
3. The number of symptoms: Is it an isolated problem area or does the child have a number of problems?
4. The degree of social disadvantage: How much do the behaviors influence the child's interpersonal relations, and how much influence do they have on the behaviors of others?
5. The child's inner suffering: Does the problem "hurt" the child—that is, cause anguish—or is he quite content in and with himself?
6. Intractability of behaviors: Does the problem persist even after others have tried to bring about change?
7. General personality appraisal: Since the most important thing is general adjustment, does the problem cause a significant disruption in the child's general psychosocial, behavioral functioning?

Conclusions

In viewing adolescent behavior, we would conclude that it is difficult to give teachers, parents, and others absolute rules for separating the adolescent with anticipated problems from problem adolescents who need professional help. Circumstances and individuals vary. New situations may present themselves, and adolescent behavior is not readily predictable. It may therefore be more appropriate to suggest some broad procedural guidelines for school systems to follow to maximize the probability that adolescents in need will be identified and helped.

1. Identification of and assistance to teenagers in need of help should be a team effort—an interdisciplinary approach involving teachers (most importantly) with counselors, psychologists, social workers, special educators, and school health personnel.

2. This means also that teachers have been assisted in identifying and developing a working familiarity with the referral resources at their disposal and the routing for using these resources.

3. Try to be systematic (this lessens the probability of individuals in need being overlooked), but avoid stereotyping. In this regard the classroom teacher should employ a systematic approach for recognizing and ranking or assessing the behavior problems and for recording the observed behaviors (Woody, 1969).

4. When in doubt—refer!

5. Keep lines of communication open with parents.

6. The professional helpers (counselors, psychologists, etc.) should provide for feedback to referring teachers.

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Variables Affecting Deviant Behavior in Culturally Diverse Adolescents

Philip C. Chinn

Adolescence is perhaps one of the most challenging times in the life of an individual and the family. During this period, the child becomes a young adult and is suspended for several years between childhood and adulthood. During this period, the individual is neither a child nor an adult. Confusion and dissonance are compounded by society's reaction to the adolescent—confused and ambivalent (Chinn, 1979; Chinn, Drew, & Logan, 1979).

This period has been conceptualized as the one during which the central task of the adolescent is to find emancipation from the primary family unit or from parents (Chinn, 1979). Although the adolescent seeks the transition away from childhood, he or she is seldom equipped to assume the responsibilities of adulthood.

Our society has been conditioned to anticipate a state of disequilibrium and to anticipate a state of "storm and stress." While many adolescents likely fit such a description, many others "survive" this period of life with little or no trauma. It is the social attitudes and cultural definitions of the role of the adolescent which have created a number of circumstances that cause this period to be what it has become in our Western culture.

While our culture and society's expectations and negative attitudes often contribute to a self-fulfilling prophecy for the typical middle class adolescent, attitudes and expectations for minority group individuals are even harsher.

The disproportionately high number of minority group adolescents who have been identified as emotionally disturbed and/or socially maladjusted has been documented in the literature (e.g., Levine & Kahn, 1974).

A number of variables contribute to the emotional demise of minority group individuals. The purpose of this paper is to explore some of these variables and to suggest some directions for the amelioration of this pervasive problem.

Racism

The existence of blatant racism is undeniable to the objective observer and is undoubtedly detrimental to the emotional adjustment of the minority group child. The more subtle forms of racism are often difficult to detect, but often equally insidious. Even minority group individuals unknowingly contribute to this form of racism and stereotyping which serves to depreciate the self-concept of minority group individuals.

Labels

Minority group adolescents are categorized under numerous labels, many of which carry negative connotations. The term "minority" itself carries with it a connotation of being less than other groups with respect to power, status, and treatment. In reality, minority groups are often not a minority with respect to numbers. Blacks constitute the largest ethnic group in the United States (1970 U.S. Census). In many communities, Blacks and/or Mexican Americans (or Chicanos) outnumber all other ethnic groups. Yet, due to the socioeconomic and power structure of these communities, these groups are still relegated to a minority status.

Terms such as "culturally deprived" and "culturally disadvantaged" are frequently used to describe minority group individuals. These terms operate from a posture of arrogance which presumes that the culture addressed functions at a deficit level as contrasted to the majority group culture. Further, such a posture fails to recognize the value and uniqueness of minority cultural groups and their contributions to the total society. In reality, the "disadvantaged" or "deprived" description may refer to a disadvantaged position with respect to the ability of the individual to assimilate into the dominant cultural group.

Media

Textbooks, television, radio, motion pictures, newspapers, and other periodicals undoubtedly serve as an effective vehicle in shaping attitudes regarding minorities. Stereotyping in the movies and TV have created many distorted views of minority individuals. Until recent years, minorities were almost never portrayed in professional capacities such as attorneys and physicians. Instead, there were inscrutable Asians such as Charley Chan, the Frito Bandito, and Black domestics or delinquents and criminals.

Minority individuals are seldom promoted as glamorous stars, and little in the media was done to suggest that any other than white was beautiful. Undoubtedly, many minority group individuals have been convinced themselves—at least in the past—that only white could be beautiful.

Newscasts and newspaper reports of criminal activities report "a Black male, aged 29, is being held as a suspect." Seldom does a similar report state the color or ethnicity of whites. Such biased reporting suggests that minority individuals are responsible for most criminal activity.

Perhaps the most damaging effect of discriminatory practices is the negative self-perceptions of these minority group individuals of themselves. Children lacking adequate role models in their immediate home and community environments are further negatively reinforced by seeing Chinese laundrymen, Mexican farm workers, or Black pimps on the television or movie screen. A 1978 report of the Task Force on Minorities in Public Broadcasting found that even in public broadcasting, minority programming and budgeting for such was at a minimum level. Equally discouraging was the finding of disproportionately low numbers of minorities employed by the public broadcasting industry and their comparatively lower salaries than those of their white counterparts. While the report does not address the commercial broadcasting industry, there is little reason to anticipate more encouraging findings in any study of that industry.

Treatment of Minorities by Law Enforcement Personnel and the Judicial System

The inequitable treatment of minority juvenile and adult offenders as compared to their white counterparts is a form of racism which has alienated many minorities from the dominant society. Gold suggests that individuals from wealthier segments of society are four to five times less likely to appear in some official record as compared to the poor (Gold, 1963). Swan (1977) states that the "differential enforcement patterns such as detention of suspicious persons and harassment of certain community groups and the saturated patrol of these communities are self-fulfilling practices that inflate arrest and criminal records." While the negative behavior of minority youth is defined in criminal and delinquent terms, middle and upper class white youth who commit similar acts are more prone to be defined by police and court officials in psychological and psychiatric terms.

Many of the minorities who are charged with delinquent or criminal acts are from homes and communities that are economically and politically powerless. Some may lack both parental and adequate legal representation at court hearings. Allen (1969) in a study of incarcerated mentally retarded individuals, for example, found that the typical retarded individual in a correctional institution was poor and Black, had a court appointed legal counsel, had a trial which was a mere formality, and was likely to have the "book thrown" at him or her.

Swan (1977) states that the police are more likely to stop and question Black youth than white youth, and because their dispositions are harsher on Blacks than on whites, the Blacks are more likely to be referred to juvenile court.

Police brutality has frequently been charged by minority communities. The tragic case of 16-year-old Terrance Johnson, a Black in Prince Georges County, Maryland, is an example of the perceptions of minority community groups related to police brutality. On June 26, 1978, Johnson and his 18-year-old brother were arrested for suspicion of breaking into a laundromat. While being interviewed by the police, Johnson became involved in an altercation with one of the officers. While there is conflicting testimony regarding what happened during the confrontation, it is agreed that one of the officers removed Johnson into another room. Within a short period of time gunshots were heard, Johnson emerged from the room with the officer's revolver, and shot the other officer. Two policemen were killed. No one disputes the basic facts, but the conflicting testimony of alleged police brutality has split the community. It may take years to repair the relationship between the police and the Black community. Johnson was convicted of voluntary manslaughter for the slaying of one officer and was found not guilty by reason of insanity for the killing of the second officer. Both the prosecution and the defense were dissatisfied with the verdict. The prosecution, police, and white community view Johnson as a cold-blooded murderer who deserves a harsher punishment. The defense and Black community consider Johnson a victim of police brutality. While the truth may never be known to the general public because of conflicting testimony, the tragic slaying of the two officers and the subsequent alienation of the white and Black communities vividly express the minority community's basic distrust and belief that minorities are not given equal treatment by law enforcement personnel (Washington Star, 1979).

One of the problems which contribute to the distrust of the legal system by minorities is the latitude that both police and judges have in their decision-making processes. The police have the power to dispense punishment. Both police and judges are products of their experiences, class backgrounds, training, and prejudices.

As long as an adolescent's classification remains informal, there is a higher likelihood that behavior can be modified. Official labeling of a misbehaving youth as a delinquent places him or her in a clear category from which escape is difficult. Once a youth is labeled a delinquent, the police, court services, schools, and other agencies respond on the basis of the label. The label is often made known to the public, which responds accordingly. The individual in return responds in accordance with the manner in which he or she is perceived and treated, and thus a vicious cycle begins (Swan, 1977).

One of the harmful effects of this cycle or process is that not only does the dominant society perceive minorities as more prone toward delinquency, but that minorities themselves perceive their own ethnic group negatively, which further depreciates self-control.

Assimilation vs. Pluralism

In 1909, Zangwill's play, *The Melting Pot,* saw all of the people (particularly of European descent) melting together in God's crucible and then emerging as a new race—as Americans. While the original melting pot concept applied to those of European stock, this concept—one of assimilation—has prevailed. Assimilationists see immigrant and minority group individuals embracing and being absorbed into the culture, values, and language of the dominant society. In essence, an assimilationist would have all individuals becoming as much as possible white, Anglo-Saxon Protestants.

The 1974 Civil Rights Commission estimated that there were 5,000,000 linguistically different children in the United States. This figure does not include the millions of Black children who utilize Ebonics (Black English) as their primary medium of communication. The extreme assimilationist would have all these children develop standard English skills to the point of ridding themselves of any traces of non-English languages and non-standard English dialects. The assimilationist would have individuals from immigrant and minority cultures rid themselves of their non-dominant group characteristics, to become as much as possible model Americans.

There have been effective means of assimilating minority individuals. Assimilated minorities have more doors opened to them in occupations, professions, and in other reward systems. The result has been Blacks, Asians, Hispanics, and Native Americans who are as much a part of the dominant society as that society has allowed participation. These are the "Oreos," "Bananas," "Coconuts," and "Red Apples"as they are facetiously referred to by other individuals from their ethnic origins because of their outward skin pigmentation and other physical features and their whiteness inside. Genaro (1977) suggests that for Hispanics going through this process, it is beyond the changes in linguistic proficiency. She suggests that it is a cultural rip in which the person alters his or her own personality. Names are anglicized by spelling and/or pronunciation (e.g., Maria—Marie, Juan—John). Food and diet changes, dress standards, and other forms of behavior become stereotypic white middle class, and internally the individual changes.

These individuals view assimilation as a vehicle to acceptance and success within the dominant society. Yet, in spite of these efforts to embrace this new culture and to become educated, jobs are still not available at the higher echelon levels, and salaries are disproportionately lower. In spite of their education and cultural sophistication, they still experience social rejection.

Problems with self-identity emerge. No longer are they a part of their ethnic community they have rejected, nor are they an integral part of the dominant society. They become middle men, existing between two worlds.

Assimilation which is self-imposed is a matter of personal choice and preference. However, when it is imposed on the individual by external forces it is potentially one of the more damaging forms of racism.

Adolescents who are in the process of breaking from the culture of their parents must suffer consequences of guilt for rejecting family values, alienation from their family unit and ethnic community, and the pain of rejection from the dominant group.

The causes of prejudice and discrimination are not clear. What is clear is some of the consequences. Minority group individuals serve as convenient scapegoats for the frustrations of majority group individuals. They are visibly different because of their appearance and/or their language. Some minority group individuals respond to their frustrations by acts of aggression, sometimes in the form of seemingly senseless violence.

Poverty

Poverty has frequently been cited as a factor related to delinquent and aggressive behavior and emotional disturbance. Levine and Kahn (1974) examined 1,000 downtown New York families to determine the relationship between psychological disadvantagement and socioeconomic status. They found that lower socioeconomic status and ethnic minority group membership were associated with greater psychiatric impairment. Further, they found that increased family income (due to both parents working) without improvement of parental education and social acceptance of the family is insufficient to reduce impairment among minority children.

It is unlikely that poverty by itself will necessarily cause emotional disturbance. The pressures and the problems of poverty should be obvious to anyone experienced in financial stress. Yet many individuals have existed through poverty with no apparent permanent or demonstrable effect. Many immigrant families endured financial hardship, and even without what many consider basic necessities, their children were not involved in acts of delinquency and/or aggression. The Chinese in San Francisco and New York were in years past considered model minorities. Delinquency and crime in the Chinatowns were almost nonexistent. Today, however, the situation has changed dramatically and the deviant behavior observed in other impoverished ethnic communities has emerged in the Chinatowns. The aggressive behavior is perhaps more likely a function of poverty combined with a feeling of hopelessness. Many of the poor minorities in the past saw poverty as a transitional stage. Education and hard work among these groups was often viewed as a means by which the family could elevate their socioeconomic status.

With the realities that education is not a viable alternative for some of these individuals, and the opportunities for employment are or were related to the extent of racism, many of these individuals moved through various emotional states such as frustration, despair, and anger. The effect of these has often been emotional disturbance observed in acts of aggression and other deviant behavior and in some instances in suicide. Disproportionately high numbers of suicides have been observed in San Francisco and among the Native Americans (Chinn, 1973; Pepper, 1976).

Thus, poverty, in itself, may not be the critical problem, but rather poverty coupled with the individual's perceptions that there is no way out.

Health

Health problems have frequently been associated with poverty (Kernek, Osterud, & Anderson, 1966). Problems have been centered around poor nutrition, poor medical service (typically governmentally supported), and poor prenatal care. The high incidence of children born at risk (preterm and post-term) to parents of lower socioeconomic status has been documented. Further, the incidence of brain injury, mental retardation, and learning disabilities has been related to children born at risk. These types of problems are directly related to academic and school problems so frequently identified with children from minority groups. Tarnapol (1970) found that minority group children had a significant degree of minimal brain damage related to learning disabilities. He suggests that delinquent school dropouts from minority group children may be partially related to brain dysfunction.

Chinn (1973), in a study of students in five schools of varying socioeconomic levels, found a direct relationship between physical well-being and academic performance and social acceptance. Thus, the poor health conditions of some minority children may be a variable in their functional abilities in school.

Education

To the average middle class child, school is a highly valued institution. It is likely the child's parents have had at least a high school education and more commonly a college education. By the modeling of parents, siblings, and others in the child's environment, the perception of school is a positive one. School is a place to learn, to make friends, to have teachers to like and who will like you. It is a place that will prepare you for college and eventually for a profession like parents or other role models.

Many minority parents have been disillusioned by education. The effort to complete a high school program has opened few doors and at times there is only unemployment. Many minority children have few role models. Parents, siblings, and others the child knows are often disenchanted with school. They have found that teachers, administrators, and peers at times discriminate. The schools operate and function in ways alien to the child's environment.

Often certain areas of cognitive development valued by the school are lacking in the child's preschool environment. In some instances, the inability to speak or understand standard English adequately places the child at a disadvantage both in learning and in social acceptance. Thus, instead of school being perceived as a place to make friends and find friendly teachers, and a stepping-stone toward even greater success in life, many minority group children perceive it as a place for failure and rejection by both peers and school personnel.

Jones (1977) suggests that many of the minority children who are unable to cope become alienated. Alienation may take the form of a dream world enhanced by drugs. Great numbers form countercultures which may adopt slang and antisocial behavior and build their existence around gangs which provide close peer ties, structures, standards, and protection. Crime, violence, and terrorism can proceed from alienation. At times behavior can be explosive, emotional, and irrational.

Forslund (1974), studying Native American adolescents, found that among Wind River Reservation youths in Wyoming, delinquent activities tended to involve offenses centering around the school. This finding may suggest that the school is viewed by some adolescents as a source of many of their frustrations.

The dropout rate for minority students is alarming. Garcia (1976) reports that 45% of Mexican American children drop out before completing the 12th grade. The attrition rate for Native Americans is 55%. About 800,000 students drop out of schools each year. Twenty-two out of 100 students who enter the fifth grade do not complete high school. Of the dropouts, 85% are poor Blacks and Hispanics along with poor whites. In larger cities, the majority of the dropouts are Black, economically disadvantaged youth who have values and attitudes incongruent with those of the urban middle class. Many suffer from educational handicaps rooted in their poverty, deprivation, discrimination, and environmental conditions over which they personally have little or no control. In many instances, their home environment does not provide the self-concept, opportunity, motivation, or the capacity to cope with their problems (Jones, 1977).

A Few Answers and Positive Directions

While many of the problems raised in this paper will not disappear with singular efforts of individuals or groups, the amelioration of these problems often begins with individual efforts. The debilitating effects of prejudice, discrimination, and stereotyping as well as the problems of poverty, health, and education must not remain unchallenged if we view minority individuals as a valued and integral part of our society.

Racism

One of the first steps in combating racism is for each individual to objectively examine his or her prejudices and biases. In some instances, individuals may consciously choose to retain these characteristics. For those who choose to rid themselves of these biases, the first step is to acknowledge that they exist. The second step is to make a commitment to work toward removing those biases and prejudices the individual chooses to. A third step is to allow and eventually appreciate differentness. Special educators and others who work with the handicapped have historically been advocates for tolerance and acceptance of differentness among exceptional children, and acceptance and appreciation of differentness among ethnically different children should require few transitions in values.

Another step involves combating racism and stereotyping in textbooks and other forms of media. While the process has been slow, television has increased favorable programming which deals with issues and individuals other than those who represent the typical normal white middle class. Television networks tend to respond to viewer interest and public pressure. Public interest and response to programming of issues related to the handicapped has increased programming in that area. Expressed public interest and response may increase programming in the area of the culturally different. Public outcry to stereotyping of characters such as the "Frito Bandito" has effectively brought about change in broadcasting policy.

The Council on Interracial Books for Children in New York publishes a bulletin which can assist in evaluating textbooks for racism, sexism, and stereotyping. A careful selection of texts is likely to enhance the acceptance of cultural and ethnic differentness by students. The Ethnic Heritage Studies Program through Title IX has produced a number of curriculums on various ethnic groups which may be useful to teachers in developing positive attitudes towards other ethnic groups. The Ethnic Studies Clearinghouse in Boulder, Colo., has cataloged and evaluated the various ethnic studies curriculums which have been developed to date.

One of the most critical steps in dealing with racism is to accept and foster a pluralistic attitude towards American society and to promote the concept that there is no one model American. The Commission on Multicultural Education of the American Association of Colleges for Teacher Education developed a policy statement which was adopted by the association in 1972 entitled "No One Model American." One of the paragraphs in the text states:

> To endorse cultural pluralism is to endorse the principle that there is no one model American. To endorse cultural pluralism is to understand and appreciate the differences that exist among the nation's citizens. It is to see these differences as a positive force in the continuing development of a society which professes a wholesome respect for the intrinsic worth of every individual. Cultural pluralism is more than a temporary accommodation to placate racial and ethnic minorities. It is a concept that aims toward a heightened sense of being and of wholeness of the entire society based on the unique strengths of each of its parts.

In spite of the efforts of assimilationists to promote the melting pot concept, pluralism still exists and will continue to exist. Much of the uniqueness and richness of American society is in the recognition of a pluralistic society and the contributions of each cultural group to the greater society. Another step toward the removing of the barriers created by racism is in working with the law enforcement and judicial systems. At the federal level, more minority individuals are being appointed to the bench. Additional efforts are needed at the local level both in the area of appointment of minorities and in the enlightenment of non-minority individuals involved in the judicial system regarding racism and stereotyping. Those in the judicial system who demonstrate racism in their attitudes and behavior are likely to respond negatively to any attempts to call attention to their behavior and are likely to be resistant to any direct attempts to assist them in dealing with their personal problem. More subtle forms may at times be appropriate such as enlisting their assistance in dealing with the problem in a more global manner rather than directing efforts to them individually. With this approach, these individuals may change gradually as they become aware of how racism is manifested and what the effects are on society.

Law enforcement problems are twofold. First is the problem of negative attitudes of some law enforcement personnel. The second is the negative perceptions that the minority groups themselves have toward law enforcement personnel. While many negative perceptions of minority individuals are justified, there are undoubtedly many individuals in the law enforcement process who are themselves victims of stereotyping. The process of dealing with the problems also appears twofold. The first step appears to be the development of attitudinal changes among those involved in the law enforcement process. Subtle pressure or encouragement among key personnel may be a viable means to begin the process. Second, community interaction programs between the law enforcement group and those in the community can foster open and honest dialogue and can in some instances dissipate some of the seeds of distrust and acrimony.

Health

The lack of appropriate health care for the poor and the consequences of inadequate services are problems which have plagued health care specialists and government officials for decades. It is unlikely that suggestions in this paper will adequately address the magnitude of this problem. Again, however, there must be a beginning. One beginning point is in the schools, where students can be taught to provide for their own health care needs and those of their children when they themselves become parents. Most health care specialists are aware of the problems of services for the poor. The magnitude of the problem is often so great that there is often a tendency to give up, since it often seems that there is little opportunity for one or two individuals to make an impact. But for every health care specialist that tries to make a difference, there will be that many more out of the massive group who will benefit.

Education

The educational system in this country has been geared toward providing services for the middle class white child. While Public Law 94-142 calls for a free and appropriate education for all handicapped children, there is a moral obligation if not a legal one to provide a free and appropriate education for every child. An appropriate education takes into account cultural and linguistic differences, provides for different learning styles, and creates a positive learning experience for all children. A positive educational experience designed to meet the needs of each child can curtail the dropout rate, and even more important, provide for a meaningful educational experience for each child.

A second critical area of concern in education is that of early childhood experiences. Middle class children are exposed to cognitive experiences which facilitate their functioning in the school setting. Many minority group children, particularly from impoverished backgrounds, exist in cognitively sterile conditions which preclude optimum functioning in school. Well-planned early childhood programs for these children will provide the opportunity to compete favorably with their more advantaged peers.

Finally, school for the minority child must have an ultimate worthwhile purpose. While much has been done to break down the barriers which have excluded minority individuals from various vocations and employment opportunities, there are still too many frustrations to suggest to many minority children that an education has little meaning in the employment market. Career education programs are a must for these children, and equal access to the world of work is equally important.

The problems of minority adolescents won't disappear with the efforts of a single individual. They certainly will not go away if we turn our backs to them. The solution to problems begins with individual efforts. The choice is ours. We can make a difference.

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Creative Potential of Atypical Development

Donna R. Eyde

Anna Freud (1958) reflected upon adolescent development by noting that "where adolescence is concerned, it seems easier to describe its pathological manifestations than the normal processes." Unfortunately, many teachers of secondary and junior high aged students would echo Anna Freud's sentiment. In many respects, in our efforts to detect, assess, remediate, and prevent developmental difficulties, we perhaps tend to dwell on the negative attributes of adolescent variability and on the negative aspects of atypical variations in the adolescent theme. Winnicott (1962) concluded not so facetiously that "the cure for adolescence belongs to the passages of time." Similarly, many of our current educational practices appear to be based on the idea that the variability of adolescence is something that time will "cure." Subsequent assumptions lead us to believe that the condition of adolescence is something which is endured as a necessary though troublesome stage of development predating young adulthood. Articulation of this attitude, even when it is in jest, ignores the multiple biological and socio-cultural forces which are emerging in early adolescence (10-14 years) and are fully manifested in adolescence proper (14-16 years). Instead of enduring this turbulent period of human maturation, teachers, parents, and other involved persons should strive to understand and value the multidimensional character of adolescent development. In many senses, our survival as a creatively productive society depends upon differentiating benign variability in upcoming generations from destructive variability in that same population. Consequently, the relative desirability of atypical responses must be carefully scrutinized before they are rejected, cured, or endured. An examination of the relative merits of valuing and understanding the potential of atypical students and their non-modal behaviors is precisely the focus of this presentation.

The task for educators is one of differentiating adolescent behavior which is different but potentially productive from behavior which is deviant and perhaps dangerous. Which students should be encouraged to explore unique and unusual solutions and which students should be redirected or even referred for psychiatric treatment? These are difficult questions which warrant our sincerest attention, since it is both the different and deviant adolescent who has the potential to significantly affect the course of human actions. Traditionally, special education has focused on the pathological implications of all non-modal development. Relatively little interest has been centered on the creative potential of biological and cognitive variations. My purpose in this presentation is not to minimize the very real negative consequences of deviance and severe behavior disorders in adolescence; however, we must temper this reflex action in education which results in labeling all different behavior as deviant or undesirable behavior.

Differences Which Count in Schooling

A neurologist (Denckla, 1978) recently offered a rather inflammatory comment upon current instructional practices in public schools when she said that, by and large, schools favor "right-handed females" and typically ignore variations in brain growth rate and organizational differences in cognitive processes. On the surface, this statement reads like a "Sunday supplement" remark which provides spice for dinner table conversation. Upon closer inspection of the data which supports this argument, one realizes that variations in psychomotor, socioemotional, and cognitive development are not, in fact, easily accommodated by a system of education which values modal age and grade responses. Children who exhibit developmental anomalies such as left-handedness, maturation lags, unusual cognitive skills, or creative thinking patterns are at risk to experience subsequent difficulties in school. Quite often the creative potential of their atypical development is ignored and they are labeled as deviant. This problem becomes particularly acute during the stage of development identified as early adolescence as it becomes somewhat more difficult to tell healthy variations from pathological variations.

In order to fully appreciate Denckla's (1978) argument that schools favor right-handed females, it is necessary to look at evidence from some of the current research literature relative to the growth and development of organizational properties in the human brain. The interested reader is referred to Chall and Mirsky's (1978) *Education and the Brain* for a detailed discussion of this type of current psychoneurological research.

It is fairly well established that the functions of the right and left hemispheres or sides of the human brain are characterized by different modes or strategies for paying attention to environmental stimuli and for organizing and representing incoming and outgoing information. Each side or hemisphere tends to pay attention to different kinds of information and tends to contribute a different kind of strategy for processing that information (Luria, 1973). While that statement represents an over-simplification of the psychoneurological relationships between the brain and what it processes, it would appear that the left hemisphere specializes more in analytic and/or sequential processing which is characteristic of language tasks. The right hemisphere tends to specialize in holistic, simultaneous, multiple relationships type of processing which is more characteristic of visual-spatial learning tasks. The left hemisphere tends to organize incoming information by verbal concepts and functions, while the right side matches stimuli by visual and structural similarities (Levy, Trevarthen, & Sperry, 1972; Nebes, 1973). Nearly all right-handed individuals (88-90% of the population) have verbal skills lateralized or specialized in the left hemisphere. Young adults with strong right-handed patterns tend to have more fully lateralized verbal specialization in the left hemisphere and generally exhibit high performance on verbal tasks. Left handers appear to manifest more heterogeneity in brain organization. Certain subgroups of left handers exhibit more diffuse lateralizations for speech and spatial processes than right handers. Cognitive ability per se is not related to hand preference, but the degree of hemispheric lateralization may be significantly different for some left-handed children. In a simplistic sense, modal or typical brain organization appears to be left hemisphere for language functions and right hemisphere for spatial functions. A corollary of modal brain organization is that most individuals have right-handed preference patterns. Thus, the environment of the classroom, its furnishing, and its demands are more nearly compatible with the learning preferences of right-handed students. Moreover, the instructional activities of the classroom more often revolve around tasks which demand left-hemisphere types of information processing.

The fact that most left-handed children are out of synchronization with the rhythm of right-handed environments is not particularly disturbing. It is unfortunate, but it is not devastating. However, there is a subgroup of left-handed learners who are even more out of synchronization with the demands of the classroom. This child exhibits left-handed hooked writing (Levy & Reid, 1976) by holding his left hand above the line to be written on with his pencil pointing downward and his hand hooked towards the left side of his body. This type of writer has traditionally driven many an elementary teacher to more than the usual distractions. The evidence suggests that this child may be a cognitive specialist who needs enrichment of his special skills instead of remedial tirades by his mentors. Levy and Reid (1976) report that whereas the normal left hander (non-hooked posture) exhibits brain organization similar to that of the right hander but in reverse fashion (right brain organized language and left brain organized visual-spatial activities), and displays relative good lateralization of these functions, the left-handed hooked writer exhibits bilateralization of speech and spatial functions. This pattern suggests that for males with inverted writing posture, verbal skills may be depressed but spatial abilities may be greatly enhanced. While the data is incomplete for females, it appears that the left-handed hooked writer may be a cognitive specialist with unusual albeit incompatible abilities relative to normal academic demands. This child may have special abilities for construction of theoretical models and mathematical theorems which are little used skills during the early years of schooling but in later life provide society with its most creative products. Levy and Reid (1976) conclude that while the majority of these children may be disadvantaged on the rate at which they can correctly process information, a majority may greatly surpass other types of individuals in one or the other sets of functions. Ideally, these potential cognitive specialists should be given equal classroom opportunity to develop their special skills. Thus, while the left-handed student is not cognitively deficient, some subgroups of left-handed students are cognitively different. This difference theoretically has potential to contribute in a positive manner. Unfortunately, the differences in brain organization are seldom noted, much less cultivated, until problems are manifested in non-average school performance.

Teachers, then, must re-examine the notion that atypical handedness is undesirable. Instructional techniques, classroom organization, and classroom management should be developed which will enable the atypically organized child to realize the creative potential of his or her unique brain.

Now we understand at least the first part of the neurologist's chiding that schools favor "right-handed females." A cursory review of literature relating to sex differences will hopefully illuminate the second component of the argument.

Sex Differences

Sex differences in learning performance is one of the educational axioms which is so commonplace that the significant implications of these differences have neither been fully explored nor incorporated into educational practices. Girls are consistently better than boys on most tests that involve verbal skills. On the other hand, boys do better than girls in most tests involving arithmetical reasoning and in tests involving spatial relationships (Oetsel, 1962). Female brains are 20% more mature from the earliest periods of gestation until just past puberty. Thus, females pass through pre-verbal learning stages faster and earlier than males. Left hemisphere learning strategies are more firmly in place as well as handedness during the early school years. Girls are generally superior to boys in verbal comprehension throughout schooling (Ljung, 1965). After puberty boys begin to surpass girls in spatial ability, although this ability has been noted to have little utility during the formative years of schooling. Girls exhibit more significant increases in brain growth earlier than boys. Female brains exhibit major growth spurts around 11, 12, and 13 years of age. Boys begin to exhibit differentiated brain growth at around 15 years of age (Ljung, 1965; Epstein, 1978). Boys throughout their school years are more at risk for learning difficulties because of the timing of their brain maturation relative to the normal academic expectations. The selective advantage of spatial ability which is more typical of post-pubescent males is biological variation which is out of synchronization with the current sequence of educational practices. The structuring of curricula throughout school more nearly approximates the maturation sequence of female brains. The male student, instead of being appropriately benefited, is constantly having to compensate for his variable developmental rate.

Maturation Rate Differences

Children who mature early in fact score higher on intelligence tests and tests of reading achievements. They remain in school longer and are higher in overall school performance than those who mature later (Douglas & Ross, 1964). Early maturers apparently respond more comfortably to the task demand of schooling and subsequently perform at generally more satisfactory levels. The late-maturing child is characterized by less adaptive behavior, feelings of inadequacy, and negative self-concept (Schecthter, Tousseing, & Sternlof, 1972), which are the kinds of feelings which result from mismatches between the child's ability and the system's demands. It may be that the early maturer succeeds so admirably because the sequence of school curricula is biased to right-handed females' modal responses, and conversely the later maturing male or special left-handed student may fail because of the discordance between their developmental profile and the demands of the classroom.

Consider for a moment the possibility that a slower maturing brain will be in the final analysis a more complex brain if a more harmonious and beneficial relationship was achieved between the learner's characteristics and system demands. Evolution has taught us that the more complex the organism, the longer it takes to reach maturity. Should it not be equally feasible that the slow developing human or differently developing human may in the end have a greater possibility of displaying more complex brain organization (Tramontana, 1979) than the early maturing individual? It is known that the changes brought about by pubertal hormones and/or the activation of fetal sex hormones influence the brain's lateralization activity (Waber, 1976). Waber (1976) reports that both the degree of differentiation between hemispheres for verbal skills and visual-spatial ability are correlated with the age of puberty. He concludes that existent sex differences in brain organization are a function of differences in age of maturation for males and females. Early and later maturers, males and females, may need different educational approaches to facilitate their optimal development and fully realize their creative potential.

Differences in Early Adolescence

Turning now directly to the developmental variations which are characteristic of teen-age growth and development, we know that these early years of adolescence (10-14 years) are marked by a somnolence—the lull before the adolescent storm. The early adolescent is not so much "turned off" of schooling at this stage in cognitive development and brain growth as he or she may be "tuned out." It appears that there is actual plateauing of brain growth and activity at this age which presages a major spurt in brain growth at approximately 14-16 years of age (Epstein, 1978). Cattrell (1971) and his associates have reported that 13-15 years of age is a low point in factors which are thought to be representative of creative or fluid intelligence. Ljung (1965) likewise found a slow growth rate in verbal comprehension in boys and girls between the ages of 9 and 15 years of age. He reported a sharp increase in skills for girls between 12 and 13 and for boys between 14 and 15 years. Arlin (1975) verifies for us that there is a new stage of thinking, "problem finding," which does not appear at any age before 13 years. However, students around 16 and 17 years of age do manifest this new cognitive skill. This new stage of thinking is presumably congruent with the appearance of the last spurt in human brain growth between 14 and 16 years.

Thus, while there is increasingly good evidence to assume that early adolescence is characterized by a plateauing of processing skills, "puberty noise" and generally slow brain growth, the problem for educators is one of maximizing the fallow period of early adolescence so that the creative potential of adolescence proper is fully consummated and a higher stage of cognitive development is realized. At this point in time, there is little evidence relative to how best to facilitate cognitive movement of the early adolescent to the hypothesized final stage of cognitive development. If this stage is obtainable as Epstein (1978) and Arlin (1975) suggest, then the question for educators is how to structure the learning environment and the learning tasks so that each child who is capable of reaching this stage in thinking in fact has the opportunity to reach it. Part of the answer lies, in my opinion, within Arlin's description of this type of cognition. Epstein (1978) agrees that terms like "inductive reasoning," "creative thought," or "divergent thinking" could be used to describe this new stage of cognitive growth.

While the validity of this construct of a "problem finding" stage of cognitive awareness has not been fully empirically documented, consider the utility and implications of such a construct. Creative production and divergent thinking encourage students to act in surprising ways. Teachers, parents, and principals dislike being surprised. The modal response is more acceptable, just as the right-handed female is more acceptable. Conditions which would foster creative thinking and possible problem finding are generally regarded as suspicious by secondary school personnel. Divergence is often equated with abnormality. However, in truth, the effective use of creativity and divergent thinking in adolescence is probably evidence that the maturation process is proceeding in a positive manner (Kurtzman, 1967). Torrance (1963), a major researcher in the area of creativity in the developing child, has listed 84 characteristics which identify the creative individual. This list goes from *Accepts disorders* to *Withdraws from routine*. Maslow (1972) stated that those characteristics listed by Torrance (1962) are very similar to the behaviors of a self-actualized, mature person. Guilford (1957), in writing on creative thinking, stresses cognitive characteristics such as generalized sensitivity to problems or an evaluated ability; fluency in thinking; flexibility; originality, or the ability to produce uncommon responses or association; redefinition, or the ability to reorganize what one knows in new ways; and elaboration, or the capacity to use two or more abilities for construction of a more complex product (Berger, Guilford, & Christensen, 1957). Henle (1962) concluded that the ability to see the right question was a requirement of creative thought.

If the final stage of adolescent cognitive development could be the problem finding stage which closely parallels the above description of creative thought, the question of scarcity must be raised. Few individuals or adolescents are characteristically creative. Why? Why is creativity not prominently represented in populations of secondary aged students? Why is this new stage of cognitive development not prominently visible in adolescents?

Conditions for Creative Potential

Perhaps one answer to our question is found in Plato's reminder that "what is honored in a country, will be cultivated there." Perhaps another answer not quite as poetic as Plato's is found in the attitudes of educators toward creativity in adolescents and gross misunderstanding of the conditions which could promote the actualization of creative thought. Perhaps our present attitudes towards adolescent development preclude cultivation of the conditions which would promote this type of thinking. Arieti (1976) suggested six guidelines for facilitating creative thought which, if incorporated in our schooling practices, would give creativity a chance to grow. These six guidelines have to do with parents' and teachers' attitudes toward (a) aloneness, (b) inactivity, (c) daydreaming, (d) free thinking, (e) gullibility, and (f) emotional conflicts.

1. Aloneness—not to be confused with excessive shyness, constant solitude, or withdrawal. Instead of always promoting group activities and emphasizing popularity at all costs, teachers and parents should permit and, in fact, encourage some aloneness. Introversion and introspection have become labels signifying high risks for emotional disturbance, but the nurturing, caring teacher must be alert to the quality or emotional tone of the individual's aloneness. The teacher needs to look to the outcomes of the students' aloneness and ask if the adolescent is more in touch, more reflective, more inspired, less tense, and more productive. If these questions are answered in the affirmative, then the aloneness was productive. If the student is choosing and controlling the periods of aloneness, then the sullen condition has creative potential. The quality and quantity of aloneness must be considered before a teacher or parent concludes that an adolescent spends too much time being alone.

2. Inactivity—inactivity is in direct contrast to the spirit of American schooling. High school students are constantly encouraged to get involved, get a part-time job, be active, do something. Yet creative thought requires long stretches of uncommitted time. If a child, or an adult for that matter, must always fix his attention on external activities, he will have little opportunity to develop the inner resources. When is inactivity a sign of depression or some other high risk behavior? When is it amotivational? Inactivity is bad when the individual student is not choosing and controlling the inactivity and when it is accompanied by other signs like sleep disturbance, weight loss, physical symptoms, suicidal ideation, and the like. When the inactivity is goal directed or proactive in its outcomes, then it is a precursor to creativity. When inactivity is beyond the control and choice of the individual, it is unhealthy and undesirable.

3. Daydreaming—a third condition or characteristic of creativity is daydreaming. Daydreaming is particularly discouraged by teachers and parents alike because it is thought to promote a vicarious fantasy life resulting in a poor reality orientation. It is true that excessive daydreaming may have these attributes and reflect poor reality orientation; it is equally true that daydreaming opens up possibilities of action and products which the reality of the study hall would never permit. Daydreamers, far from being non-productive, are really characterized by considerable originality and creativity (Singer, 1966). Daydreaming also promotes other higher mental activities. Future actions may be rehearsed in terms of cause and effects, consequences, and possible alternatives. Past behaviors may be restructured so that the present is more adaptive. Daydreaming is deviant when the degree of frequency significantly interferes with other aspects of the student's functioning. If the student is preoccupied with daydreaming or can't readily shift back to the realities of his academic world, then it is approaching a deviant state.

4. Free thinking—free thinking is a condition which is similar to brainstorming. The mind should be allowed to wander occasionally without external direction or restraints. In productive free thinking, the individual perceives similarities and analogies between different elements in a creative manner. Divergent thinking is a close companion to free thinking in the sense that analogies and likenesses suddenly emerge and can be communicated and understood by others. Contrary to current practice, teachers should not be afraid to incorporate periods of group free thinking activities into their daily routines or to let the student or class

occasionally push the boundaries of normative thinking in order to explore the unknown.

5. Gullibility—Arieti notes that this may sound like a strange bedfellow for creativity, but for him gullibility means openness for naivete. By being receptive and explorative, the student has opportunities to see unrelated connections in life, objects, ideas, and events. Gullibility is not a sign of immaturity, but rather a sign of the creative process.

6. Emotional conflict—contrary to standard belief, neurotic conflicts are not prerequisites for creativity. When we resolve a neurotic conflict, learn to deal with it, and unblock ourselves, the creative flow will be greater. Present conflicts block us in our thinking but past ones that we have successfully resolved can serve as a source of creativity. Successful resolution of emotional trauma fuels our motivation for productivity. Successful conflict resolution can enhance problem solving. Nonetheless, few classrooms provide opportunities to review emotional conflicts in fear that the situation will get out of hand.

Lastly, Arieti (1976) notes that these six conditions combined with perseverence and self-discipline have the highest probability of resulting in creative end products.

When do the preceding behaviors cross the magic lines from conditions and characteristics of creativity to conditions and characteristics of deviant and/or delayed socio-emotional development in adolescence? The problem is that the point at which lines are crossed might be different depending on the perspective of the crosser and the particular system which defines that imaginary line in a variety of ways. The psychic turbulence of adolescence makes it even more difficult to differentiate potentially productive creative expression from pathological conditions, but teachers must be alert to the differences which are to be "honored in our country." Care must be taken to nurture emerging creativity in early adolescence if a student is to realize his or her potential.

Summary

The data presented relative to atypical development as well as the speculations which have been offered should serve to remind all of us who teach that, while non-modal development may not be to our liking, it is to be valued. Nonconformity, whether in cognitive organization or cognitive development, may seriously disrupt our current practices in the classroom. Atypical patterns by their very nature produce large quantities of tension. The caring teacher must judiciously review non-modal development in an individual adolescent before deciding it is necessarily undesirable. If we can only recognize the sources of benign human variations, we may be in a better position to support and encourage creative potential and the productive expression of individual differences in our schools.

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Continuity/Discontinuity in the Life-Space of the Behaviorally Disordered

Albert H. Fink

Scope of the Problem

With the passage of PL 94-142, in November, 1975, the Congress established a new set of principles in the public's relationship to the handicapped. The new law, commonly cited as the "Bill of Rights for the Handicapped," mandates that an *appropriate* education be provided for *all* handicapped children and youth aged 3 to 21 and stipulates the procedures which must be implemented by the various states to ensure compliance (Gousha, 1978). The implications of the law are far-reaching: in terms of effects upon present and future school practice, teacher education, the relationship of the education consumer/client to service providers, and above all, the *expectation* system which it engenders for meeting the needs of *all* handicapped children and youth. In that sense, PL 94-142 is both a promise and a burden. Teachers, parents, administrators, the handicapped, can now come to *expect* that the need systems of the handicapped can and will be met.

One target population of the handicapped for whom appropriate "special education and related services" is mandated is that group designated "seriously emotionally disturbed," a category of handicap which has been defined by the Bureau of Education for the Handicapped (BEH) as follows:

> The term means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:
> a. An inability to learn which cannot be explained by intellectual, sensory or health factors;
> b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
> c. Inappropriate type of behavior or feelings under normal circumstances;
> d. A general pervasive mood of unhappiness or depression; or
> e. A tendency to develop physical symptoms of fears associated with personal or school problems.

The term includes children who are schizophrenic or autistic. The term *does not* include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

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Applying this definitional framework to the problem, Saettler (1979) estimates that approximately 2% of children and youth aged 3-21 would require special education *because* of their emotional disturbance. He points out further that, using the 2% incidence factor—a conservative factor—some 1,026,340 children and youth would then require special education intervention. Saettler also notes that data available to BEH from Part B, EHA State Plans, and from PL 89-313 Programs indicate that 284,645 seriously emotionally disturbed are receiving special education services while some 741,000 are not obtaining the needed services.

The extent of the "at large" problem of behavior disorders is understood in the 1978 *Report to the President from the President's Commission on Mental Health* as well as from the work of the President's Committee on Mental Retardation, which have not limited the scope of their inquiries to "severe" characterizations.

General Population Characteristics

1. As many as 25% of the population are estimated to suffer from mild to moderate depression, anxiety, and other indicators of emotional disorder at any given time.

2. 6.7 million people (3% of the population) were seen in the specialized mental health section in 1975.

3. Of the 6 million Americans who are mentally retarded, one-third suffer multiple handicaps, which often include serious emotional difficulties.

4. Many of the 40 million physically handicapped suffer serious emotional outcomes as a consequence of their disabilities.

5. Of some 2 million Americans who "have been or would be diagnosed as schizophrenic" only 600,000 receive active treatment in any single year.

6. About 1% of the population suffer from profound depressive disorders—another 1 million have organic psychoses of toxic or neurologic origin or permanently disabling mental conditions of various causes.

Children's Characteristics

1. From 5 to 15% of children aged 3-15 have persistent handicapping mental health problems. (Prevalence figures vary due to variations in use of diagnostic criteria.)

2. In 1976 an estimated 200,000 cases of child abuse were reported.

3. At least 2 million children have severe learning disabilities which, if neglected, can have profound mental health consequences for children *and* their families.

Multiple Services for the Behaviorally Disordered

The magnitude of the social problem presented by the large numbers of children and youth whose needs are *unserved, underserved,* or *inappropriately served* is regrettable "déja vu." In his foreword to the 1970 *Report of the Joint Commission on Mental Health of Children,* Senator Abraham A. Ribicoff notes from the Report itself:

> As of today, the treatment of the mentally ill child in America remains uncertain, variable, and inadequate. This is true of all levels, rich and poor, rural and urban. . . only a fraction of our young people get the help they need at the time they need it. (xvi)

The Joint Commission thus urged the following: development of (a) a child advocacy system; (b) community services and programs of a supportive, preventive and remedial nature; and (c) research.

Within the context of (b), the Commission unequivocally advocated "the creation of a network of comprehensive, systematic services, programs and policies" (p. 26) and further, "the line between the preventive and the remedial nature of services would be blurred by designing the coordinating services to meet the developmental needs of the whole child" (p. 26). The Joint Commission Report stressed the inadequacy of efforts that would be directed toward "mere restructuring of existing services and institutions," urging, on the contrary, development of new spectrums of service and manpower. An important dimension of the Commission proposals was its commitment to multiple levels of service effort: (a) basic prevention, (b) secondary prevention, and (c) tertiary programs. Within the context of these issues, the schools/special education programs were urged to become integral parts of comprehensive mental health services with the following explicit recommendations:

- preschool home training programs for children *and* their parents.
- special nursery school programs as alternatives to/in support of regular nursery school programs.
- regular public school classes with properly available individualized instruction, programming flexibility, emotional support.
- special classes within regular schools.
- special schools.

The importance of this concept, i.e., the rationale, role, function of *education* in the multi-level effort of comprehensive services for the emotionally handicapped, was an important dimension of the Report.

Education and the Behaviorally Disordered Early Adolescent

Identification by the Joint Commission of the staggering nature of the nation's mental health problem has been reconfirmed in the 1978 *Report to the President* [illegible] *the President's Commission on Mental Health of Children* (1978). And it also provided some focus upon "the school" and its relationship to the mental health function. The 1978 *Report to the President* confirms the unavailability of quality mental health care to very large numbers of the population. Service needs are extraordinarily high, both in *absolute* and in *relative* terms, with children, adolescents and senior citizens over-represented in the need system. The Report also identifies the importance of the variables of race, sex, age, particular disability, economic status—independently or jointly—as factors in understanding the existence of the problem of inadequate or inappropriate service.

Recent legislative enactments and Presidential Commission Reports have thus given recognition to the important potential role of education as a positive force in rehabilitative work with the emotionally handicapped. The requirement in PL 94-142 that educational and related services must be provided for the seriously emotionally handicapped is—or at least it can be so interpreted—tacit recognition of *some* positive expectation from such an interaction of child and education. Clearly provision of "an appropriate education" can be subject to multiple interpretations, and does not require one that suggests the "treatment" process. Nonetheless. . .

Another key element in the framework of recognition for the appropriateness of public education's role is contained in the 1978 *Report to the President*. The Commission's recommendations are broad based. Specific references to the role of the schools and education in problem solution are worthy of note, however:

> American public schools have traditionally been more than educational institutions. In many instances, they have contributed to the sense of identity and shared purpose which exists in many neighborhoods and communities; and schools already are the setting for a variety of social, education and health care programs for people of all ages. When locally appropriate, they would seem to be logical settings for additional mental health functions. (p. 15)

The Report also observes:

> A responsive mental health service system should provide the most appropriate care in the least restrictive setting. (p. 16)
>
> No single form of treatment can meet the needs of all patients. (p. 16)
>
> The system should include a variety of programs and facilities. . . with community based services as the keystone. (p. 16)
>
> . . . we can no longer afford a fragmented system that leaves many people unserved. (p. 16)
>
> Services offered should be coordinated. . . within the mental health section and among mental health systems and the health, social service, education and income support systems. (p. 16)
>
> Special attention should be given to ascertaining the needs of children, adolescents and the elderly. (p. 21)

These recommendations define a role for education in the mental health system. They are offered within a framework of problems/issues for *education and related services;* they go beyond incidence figures and are defined in terms of salient educationally relevant dimensions of the mental health problem.

The early adolescent is increasingly a focus of concern. Johnson (1979) concentrates his attention upon the disutility of incarcerated youth and points out the need for new professional relationships between special educators and "correctionists." Johnson correctly observes the increasing concern in both groups for the development of appropriate responses—and presumably this concern is not voiced "merely" as a result of PL 94-142—as much of a stimulus as that must be—to the acute need patterns of this group. While PL 94-142, as noted earlier, specifically excludes the socially maladjusted from its "population of concern," unless they are also emotionally disturbed,

> One of the most important challenges to future special educators will be to find ways to effectively build interest in the need for appropriately funded services to these youth and particularly the increasing number who have demonstrable handicaps. (Johnson, p. 567)

The Principle of Continuity and the Early Adolescent/Behaviorally Disordered

While it will be a relief to many, not excluding the present writer, to discover that "Adolescents, as a whole, are *not* in turmoil, not deeply disturbed, not at the mercy of their impulses, not resistant to parental values, not politically active or rebellious" (Adelson, 1979), it will nevertheless not come as a shock either to many to have had reconfirmed the vision of a relatively large number of troubled, alienated youth whose needs are not sufficiently provided for in the mental health system, and for whom the prognosis—in terms of adequacy of intervention—is not good (Fink, 1979; Johnson, 1979).

Special educational efforts, in preventive and intervention modes, on behalf of secondary level emotionally handicapped historically have been innovative. The contributions, with such widespread ramifications, of leaders such as Redl, Wineman, Morse, Quay, et al. to the education of the behaviorally disordered derive in the main from work with *youth* who were disturbed, delinquent, socially maladjusted. These pioneering efforts reflected an interdisciplinary orientation, a professional recognition of the complexity of the problem. One challenge of the near-term may then be to (a) maintain a view of the need, (b) recognize the differential responses which may be required within adolescent stages, and (c) revitalize and apply the principle of continuity.

In dealing with (b) one difficulty lies within the nature of the general understanding of the developmental stage, adolescence. Adelson (1979) points out the importance of recognizing that there may be a flaw in the traditional belief that there is in fact "one, single adolescent psychology, timeless and universal" (p. 37).

> We are beginning to make age distinctions within the adolescent period, beginning to discover that vast differences are to be found among early, middle and late adolescence. . . . We may at last see some adequate attention given to adolescent girls. . . . Adolescent psychology. . . is essentially the psychology of adolescent boys. (p. 37)

It may be, however, that in dealing with the revitalization and application of the principle of continuity, the greatest difficulties may be confronted.

Continuity may first be thought of as the application of the principle of unity and organization in harmony with life's sustaining and nurturant forces (Dittmann, 1979). Continuity implies a dynamic model of growth in which persons and environments actively interact in an ever-recurring cycle of systematic growth (Sameroff & Chandler, 1975). Continuity implies stability of "both places and people," an identifiable and meaningful past, linked to the present, and with a vision of the future. Continuity is identity, the principle which binds together the significant elements in the life of children, youth, and adults.

For the early adolescent/behaviorally disordered, then how does the principle of continuity apply? It applies because of (a) its universality; (b) its specific meaning for the behaviorally disordered in terms of the correlates of "disturbance" and the variables of the continuity dimension; and (c) the institutional/professional response tendency associated with current patterns of treatment, from within and without the educational sphere. It is to a consideration of certain key issues in connection with (c), i.e., the *professional response tendency* to the continuity of care principle that this paper now turns. What are the questions which responsible professionals must identify if *discontinuity* in the life of the early adolescent/behaviorally disordered is to be minimized?

1. Impact of career goals and related job movement, e.g., classroom assignment changes (school system to school system as well as building to building).
2. Professional commitment and responsibility beyond immediate, short-term assignment.
3. "Turf" and "professional bidding" for clients.
4. Mistrust by professionals of parents and their abilities.
5. Neglect of family prerogative in building treatment programs.
6. Marginal utilization of *clients'* interest and volition.
7. The priorities established by schools and other agencies in the placement process and movement of clients within and through programs.
8. The process by which curriculum is built.
9. Objectives of programs (i.e., the qualitative aspect of the IEP).
10. Follow-up/evaluation of program intervention.

Just as no single discipline or professional group can provide the requisite service mix in the complex arena of behavioral disorders, no single element in the continuity continuum—family, community, school, or individual—is likely to be able to provide the magic formula for successful intervention. For the principle of continuity to be reasserted and re-established as the cornerstone of the mental health delivery system, however, it is as clear as it is essential that each element in the formula must re-evaluate its motive system and basis for decision-making.

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Psychotherapy with the Behaviorally Disturbed Young Adolescent

Steven D. Sherrets

Much of the following presentation has to be based upon empiricism and extrapolations of research from psychotherapy with children or adults. To date, there is little experimentally based information available regarding the use of psychotherapy with behaviorally disturbed young adolescents. Yet there are many reasons why the developmental characteristics of adolescents, particularly young adolescents, must be taken into account when utilizing the technique of psychotherapy. A summary of characteristics is found at the end of this paper. The fact that few educational programs offer didactic instruction in, or supervision of, adolescent psychotherapy or even psychopathology further compounds the issue.

Despite the lack of available published literature, there appears to be a considerable amount of at least face validity for the use of adolescent psychotherapy. When we observe an individual that is hurting emotionally, it would seem that psychotherapy would be either the treatment of choice or at the very least an adjunctive treatment. In the case of suicide, for example, psychotherapy frequently is clearly indicated due to types of conflicts that often result in suicide. Further, there is a problem with being able to address this particular area behaviorally due to the infrequency of either suicidal behavior or clear indications that suicide is a potential problem. Finally, some problems simply appear to be resistant to alterations by other interventions. Having psychotherapy available expands the range and depth of available interventions.

Does it work? Unless we can answer the questions, Does it work? Does it make a difference?, adolescent psychotherapy would be of little value despite its face validity. A review of the literature indicates that most current studies suggest that it does work with at least certain situations, problems, and clients. Although research into this area is seriously lacking, a review by Tramontana (n.d.) indicates that psychotherapy with this population can result in both initial and stable long-term positive changes. However, the studies reviewed by Levitt (1971) indicate that the majority of children with emotional problems tend to get better behaviorally although not necessarily educationally. His review found that a large percentage of individuals still had some problems with or without treatment; however, 70% showed some improvement without any form of intervention. At present it would appear that the question we should be asking is not whether psychotherapy with this population can prove useful, but under what conditions and for which individuals does it work.

In general, the lowest rate of success is with individuals who are delinquent or acting out. The greatest success is with anxious individuals or those persons who have specific symptoms. Figures 1 and 2 indicate individuals that are most responsive to any type of intervention but particularly to psychotherapy. Most critical in each of these figures is the degree of detachment within the individual or the extent of a cold hostile atmosphere in the environment. Of somewhat lesser importance are the restrictive/permissive dimension and that of acting-in/acting-out, although it has been demonstrated that these individuals are most resistive to treatment. In all cases, psychotherapy will likely prove to be more beneficial on behavioral, social, or emotional outcome measures than on educational. Educational problems are more resistive to intervention regardless of their source. In addition to these characteristics, other indications for considering the use of psychotherapy for this group are:

1. The adolescent requests it.
2. There seems to be some emotional crisis present, even if it is of a transient nature.
3. There is experienced anxiety regarding the problem(s).
4. There appear to be internalized conflicts which are either perpetuating or at least correlating with problems; for example, anxiety, depression.
5. The adolescent has poor interpersonal skills with a desire to develop better skills.
6. If there is at least some situational anxiety with the therapist, we may well have a greater likelihood of success with psychotherapy. An individual who feels no stress or distress with the therapist or regarding their particular problems or situation will prove to be resistive to many treatments, but particularly to psychotherapy.

Considerations in regard to family therapy are:

1. If there are clear conflicts within the family, we may consider family therapy, but only if the individual will potentially stay for some time within the family. It should be noted that autonomy from the family and "breaking away" is a normal, appropriate developmental task of adolescence.
2. Family therapy with this age group will not be as oriented to change of the family as it may have been earlier in the individual's life. Instead, it is more directed toward acceptance of the family for the adolescent and acceptance of the adolescent for the family in an attempt to develop a "peaceful coexistence."

Hudgens (1974) provides a list which he recommends using to diagnose an antisocial personality. He feels that the presence of any four characteristics from the list should result in such a diagnosis. This same list can serve to indicate individuals who will likely not respond to psychotherapy. The more items that are

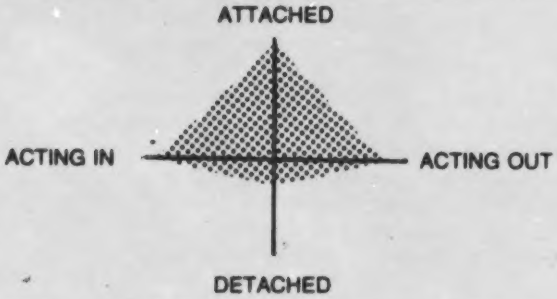

Figure 1

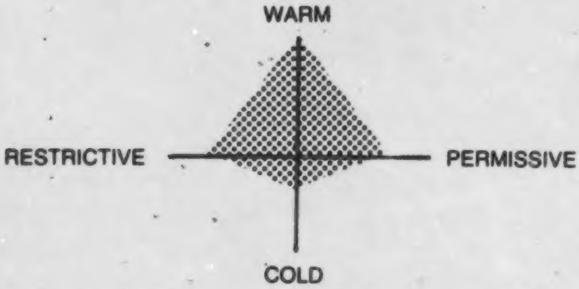

Figure 2

present from this list, the less likelihood that any intervention, but particularly psychotherapy, would be beneficial. Hudgens's list is:

1. School problems, recurrent truancy, suspensions or expulsions for misbehavior, fighting.
2. Poor work history (if relevant), firings, quitting jobs with no other job available, personality conflicts or fights at work.
3. Excessive drug use, with social, scholastic, or work impairment.
4. Excessive alcohol use, with social, scholastic, or work impairment.
5. Arrests: three or more non-traffic arrests.
6. Habitual physical aggression.
7. Sexual promiscuity or perversion.
8. Suicide attempts.
9. Habitual impulsive behavior.
10. Vagrancy.

11. Many somatic complaints.
12. Habitual lying.
13. Few friends.
14. Use of aliases.
15. Lack of guilt.

Distinguishing even between disturbed and nondisturbed adolescents can be a rather formidable task. Adolescence, particularly early adolescence, is a turbulent age. The intensity of the emotions; frequent mood swings; an increased propensity to act out; the use of distortions, delusions, and fantasy; and preoccupation with self, sexuality, and hedonism make even the normal adolescent appear to be quite disturbed at times. Psychometric assessment offers little additional help in that projective test responses with normal adolescents are frequently interpreted as pathological (Copeland, 1974). Impaired intellectual performance, however, with abnormal projective results is considered to be more indicative of serious pathology or a poor diagnosis.

As Copeland points out, even the severity of the presenting symptoms is not necessarily related to the seriousness of the disturbance or its prognosis. Of somewhat greater importance is the duration of chronicity of the symptoms and the degree of family psychopathology.

While one does not discount the severity of the symptoms, greater reliance should be placed upon the prior psychiatric history, presence of decreased intellectual performance, the general appropriateness of affect, and the presence of positive object relations support systems including family and the ability to develop and maintain friendships. Persons who are more likely to have problems of greater severity or chronicity are those with:

1. Decreased or arrested development.
2. Extreme withdrawal or acting out.
3. Chronicity of symptoms.
4. Decreased intellectual performance.
5. Lack of positive object relations and support systems.
6. Disturbed thought processes and behavior.
7. Extreme lack of concern for future orientation.
8. No situational anxiety with therapist.
9. "Inappropriate life script."
10. Poor interpersonal skills with both peers and adults.
11. Lack of experienced anxiety or internalization of conflicts over behavior.
12. Inability or unwillingness to ever discuss problems.

It should be noted that late in the adolescent period until the completion of puberty there is a definite increase in the symptomatology. Such individuals tend to be more impulsive, more action oriented, less thoughtful, less purposeful, and much more likely to act out than what previously or even subsequently will be the case in most instances. While problems during this time are more likely to be transitory, we should be careful not to avoid initiation of treatment due to a false belief that the individual will grow out of it. Frequently the onset of more long-lasting problems will begin here if proper treatment is not forthcoming.

Once you have decided to use psychotherapy, we can offer some recommendations. Bear in mind that the adolescent may fluctuate between feelings of helplessness and dependency and becoming frightened or even panicked by the experience of such emotions. At times, they will work hard to distance themselves emotionally from us to reduce our impact. They frequently fail to reliably make appointments or show up on time. All in all, they generally tend to drop in and out of therapy as either their world is falling apart or they apparently have no cares. Being preoccupied with self, they may alternate between ideas of omnipotence and crises of self-confidence. Following is a list of recommendations that are useful when intervening with this age group, but critical when attempting to accomplish change through use of psychotherapy.

1. Be cautious of sensitive areas (e.g., appearance and privacy).
2. Let them feel unique.
3. Be firm but compassionate—sensitivity with strength.
4. Avoid manipulations and autonomy struggles.
5. Avoid argument about differences in perception.
6. Provide structure without authoritativeness.
7. Be cautious about the use of silence and premature insight.
8. Avoid emulating language or conduct.
9. Be flexible in approach.
10. Avoid cliches, preaching, lectures, or futurizing.
11. Schedule sessions to avoid important outside activities.
12. Be cautious of countertransferences.
13. Attend to behavior more than what the adolescent says.
14. Make your expectations, structure, and limitations clear.
15. Honesty and genuineness are of considerable importance.
16. Non-directive approaches do not appear to work as well. Success is enhanced if we can be more structured without becoming authority figures to rebel against.
17. Group approaches may be both economical and effective.
18. Some suggest same-sex clients for group approaches.
19. Sex of the therapist is not as important as skill.
20. Consistency is critical, as the impact of your intervention will often occur much later.

Of extreme importance here is flexibility and presenting yourself in a firm but compassionate manner that can be characterized as having sensitivity with strength. Making our expectations, limits, and structure quite clear with honesty and genuineness in our approach should facilitate our success. Particularly with the adolescent, we will have to be more inclined to attend to their behavior than to what they are telling us. They tend to make promises they find difficult to follow through with, and they have no shortage of threats (which fortunately are more often verbal than behavioral). It is at times difficult to avoid some of the anger and disappointment which develop in us due to the lack of cooperation in our client. It is difficult to follow through at times to see why they have not made appointments, since we are not always sure we really want them to come back.

Some guidelines, particularly for referral sources, to determine whether psychotherapy is progressing at an acceptable pace seem to be in order. We should not be afraid to expect some evaluation of outcome, since that is the only way we can know whether we are being effective or whether our approach needs to be changed or even abandoned altogether. To begin with, especially with this group, we will expect some improvement with age; however, change due to the psychotherapy itself will likely not be of much significance before about three to four months. Changes that occur before this point are often more transient and due to the concern that is being shown by the referring agency or persons. Initially, there is almost always some immediate progress made following the referral simply because of the referral itself. We will see this happening almost immediately and maintained even up to a month. This is followed by a fairly slow and an uneven, choppy progress; at times it seems as though we are almost as likely to be going backward as forward. At about three or four months, we should begin seeing some partial changes that appear to be significant and are on their way to becoming stable.

Not uncommonly, there will be a considerable amount of anxiety and even anger expressed toward the therapist. That is not necessarily bad. Some discomfort is to be expected if we are being at all effective. In fact, at times, the greater the protest, the greater the potential progress. Teachers, parents, and others in the individual's environment should be made aware that as therapy proceeds the individual may become more direct in expression of all feelings, but particularly of those which have not been in the forefront. For example, a withdrawn child who has previously not handled anger in an overt manner may now come to more directly express or confront his or her emotions and source of discomfort. It is extremely important that you not expect that all the changes due to psychotherapy (or with any treatment) will necessarily all be ones that are valued by the individual's environment. Most therapy programs presume that the individual will be moving toward greater independence and autonomy, resulting in more control individually over his or her environment (although in socially acceptable ways, of course).

Do not expect psychotherapy or any intervention to make much of a difference in educational ability unless the educational problems are stemming directly from the behavior which you are intending to change. For example, where a child has a learning disability, seldom will the learning disability itself improve from psychotherapy. We may be able to influence motivation indirectly by having the individual learn to cope with stress better than previously, but many of the education deficits are much more persistent than behavioral or emotional problems.

Most adolescents would be expected to attend sessions once each week, or in some cases more frequently. Consistency, both in terms of the therapist maintaining the schedule and the adolescent attending, is critical to any significant degree of change. Success is definitely enhanced if the adolescent not only is passively accepting the treatment but becomes actively involved.

Some legal issues should be touched upon. Courts have ruled that the adolescent does have a right to both consent and confidentiality with any type of treatment, and particularly psychotherapy, although there is some discrepancy in some of the court rulings that have come down. For example, lower courts have ruled that an adolescent can independently contract for treatment; however, in at least one federal court case, it was ruled while that was correct, the parents had an equal right to be informed. In general, the courts have consistently ruled that the adolescent has a right to request treatment more so than to refuse it. If an adolescent is refusing any type of intervention, some states would require us to have a commitment hearing when the individual is a minor and the parents are requesting the treatment.

Emancipation and therefore individual responsibility for refusing or requesting treatment, and even the financial responsibility for it, can be determined by a variety of parameters and not simply by age. In many states an individual cannot be considered emancipated before 14 to 16 years of age, regardless of the circumstances. In general, though, the circumstances are more important than chronological age. They include such things as being a parent, being married, being in or having completed time within the armed forces, supplying their own financial support, and living away from home. If an agency wants to consider an individual as emancipated and treat that person as such, the agency should attempt to secure both the client's and parent's awareness and understanding. If there is any disagreement anywhere, legal counsel should be sought.

In summary, the treatment of behaviorally disturbed young adolescents can be an exciting though often frustrating task which has received too little attention in literature. There is a paucity of well-done investigations to guide us in differentially selecting and/or modifying treatment approaches. A viable treatment option is psychotherapy, although it is too often recommended and too infrequently followed.

Important Adolescent Characteristics

1. Basic distrust of adults and authority figures.
2. Major defense mechanisms are denial and intellectualization.
3. Struggles with dependence/independence and autonomy.
4. Emotions are frequently labile and at times explosive.
5. Verbalizations usually sound worse than actual behavior.

6. Close ties to here and now. Frequently lack future or past orientation.
7. Preoccupied with self.
8. Fantasy and delusions are common.
9. Desire to feel "unique."
10. Overall heightened sensitivity and concern with rejection, particularly to peers.
11. Good at evoking anger or guilt in adults.
12. Adept at reading and presenting non-verbal cues.
13. Frequently lack insight into own behavior.

10 years

Increased maturity.
A "calming down."
Relatively well-adjusted, uncomplicated.
Direct and straightforward.
Introversive.
At times they are still childish and impulsive, but generally are good-natured and even-tempered.
Interested in people, but there may be a lack of emotional depth.
Rather secretive but not withdrawn.
May be vague, find it difficult to specify.
Superstitious, interested in magic.
Cautious, sometimes evasive.

11 years

More disruption, particularly with girls, family or familiar people.
Proud, belligerent, highly verbal.
Argumentative, rude, uncooperative.
However, to outsiders they appear to be much more sincere, confiding, unguarded, communicative, exuberant, and generally expressive.
An active search for "self," frequently seeking a definition of self through conflict with others.
In general, much more conflict with the environment.
May have endless detail in conversation.
High interest in others.

12 years

Many of the positive points of age 11 remain, while many of the difficulties seem resolved.
Less quarrelsome; more positive direction, activity, and vigor have surged.
Energetic, enthusiastic, ready for new experience.
High interest in others.
Fewer individual differences.
More factual, down to earth.
More interested in eating.

13 years

More reflective and withdrawn.
Less enthusiastic and exuberant.
More sullen, morose, secretive, pessimistic, moody.
A worrier, particularly about intellectual abilities and inabilities.
Unresponsive toward others, aloof.

14 years

Happy, more carefree, self-reliant with almost boundless exuberance and energy.
Hungry for experience.
Deepening of emotions.
Greatly concerned about self.
Thinking is more practical, detailed, theoretical, and abstract.

15 years

Indifferent, apathetic, lazy.
Much more argumentative, hostile, and belligerent.
Listlessness, lack of energy.
May appear moody, self-critical.
Limited intellectual and emotional expression.
Intermittent social and emotional withdrawal from others, including peers at times.
Somewhat unpredictable.
More rebellion, conflict with authority, and problems with adaptability.
May appear more unhappy.

16 years

Happy but not overexuberant.
Greater emotional balance, adjustment, and contentment.
Independent, less rebellion and shutting off of self from outside world. More responsive to others.
More open, less concealing.
More daydreaming, especially in girls, especially before going to sleep.
Less inner turmoil and tension.

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Programming for Emotionally Disturbed Deaf-Blind Youth

Laurinda J. Lee

Description of Population

In 1973, 5,300 children were identified by regional centers as being deaf-blind. This figure includes 3,580 children born during the rubella epidemic of 1963-1965 (Hammer, 1975). The U.S. Department of Health, Education and Welfare defines deaf-blind as a combined hearing and visual loss and an inability to benefit from programs for the deaf or programs for the blind. Because of the unique educational problems of this population, 10 regional centers for services to deaf-blind children were established under PL 91-230, Title VI-C through HEW. Among the services offered by centers are case findings, diagnosis to determine specific education needs, referral of children to programs, coordination of services and resources, and the development of quality programs.

As the rubella population nears adulthood, regional centers are increasingly concerned with the development of vocational and alternate living programs. The Education for All Handicapped Children Act of 1975 (PL 94-142) mandates programming only through the age of 21. Because of the multiplicity and severity of handicaps among deaf-blind youth and the fact that many of these children will require life-long services, it is imperative that educational activities are closely related to adult rehabilitation programs in order to provide a smooth continuum of services. Many states have not yet developed adult programs for deaf-blind persons.

Several types of sheltered work environments exist for the sensory impaired. The Code of Federal Regulations, Title 29, Part 525, defines a "Sheltered Workshop" as a charitable organization conducted not for profit but for the purpose of carrying out a recognized program of rehabilitation for handicapped workers, and for providing such individuals with remunerative employment or other rehabilitating activity of an educational or therapeutic nature. A "Work Activity Center" is defined as a program designed exclusively to provide therapeutic activities for handicapped workers whose physical or mental impairment is so severe as to make their productive capacity inconsequential.

The creation of a "Day Activity" center for deaf-blind adults with negligible productivity, limited attention spans, and requirements for heavy supervision has recently been proposed (Minihan). Such a program would have as its goal the preparation of clients for a more production-oriented work activity center. Although *it may be possible* in the near future to place deaf-blind adults with extremely limited vocational skills in such programs, it is doubtful that clients possessing severe behavior disorders will be included. Even the proposed day activity center suggests a five-to-one ratio of clients to staff. Students with severe behavior disorders often require a one-to-one ratio for any meaningful progress to take place.

The Mid-West Regional Center for Services to Deaf-Blind Children has developed a guideline of minimum skills necessary for entrance into a sheltered work environment (Monk, 1977). Section IV enumerates eight destructive and self-abusive behaviors which must be extinguished prior to placement in a work environment. In order for emotionally disturbed deaf-blind youth to benefit from adult rehabilitative programs, highest priority must be placed on the development of adaptive behavior.

Education Programming and Behavior Analysis

The initial consideration for the development of an individual educational plan is the development of appropriate long-range goals regarding living and vocational alternatives. Before these can be ascertained, formal and informal testing must be conducted to determine present levels of performance. The American Association for Mental Deficiency (AAMD) Adaptive Behavior Scale is useful for assessing developmental levels, and the Vort BCP and/or the training guide to Pre-Vocational Skills for Deaf-Blind Persons give accurate indication of skill development.

All of these instruments include sections relating to social behavior. Programming for adolescents with a low rating in this area should prioritize the development of adaptive behavior regardless of other handicaps, since this area is the one that most restricts future placement. When establishing short-term objectives, the teacher should rank the students' maladaptive behaviors in order of disruptiveness and interference with the learning process. From this list only a few target behaviors should be chosen for immediate intervention.

A study conducted in the Southeast surveying behavior problems in severely and profoundly handicapped students showed non-compliance to be the most frequent, followed by stereotypic behavior, temper tantrums, aggression towards others, self-abusive behaviors, and property destruction. This same study found that only 46% of the teachers surveyed had received some form of training in behavior management (Wehman & McLaughlin, 1979).

The most important aspect of good behavior management is behavior analysis. Most teachers are familiar with the process of task analysis. In this process, the movements necessary for completion of a specific activity are listed in a series of small steps. This enables an orderly and consistent presentation of task materials and an analysis of student skills necessary for successful performance.

Behavior analysis is conducted in much the same way, although it encompasses a broader scope.

The first step in thie process is for the teacher to accurately identify student behavior. Information from the formal assessment will show general problem areas, such as aggressive, self-abusive, and stereotypic behavior. The teacher should then informally observe the student in his natural environment to formulate operational definitions of these behaviors, e.g., hits and bites others, bangs head against hard objects, and moves fingers in front of face.

Once these specific behaviors have been identified and defined, the next step is to choose one or two target behaviors for inclusion in the student's educational plan. Especially with adolescents, it is important that behaviors initially targeted are those which will most restrict future placement. While work activity centers can tolerate stereotypic behavior, they are not equipped or staffed to handle aggressive or self-abusive clients.

Once target behaviors are chosen, the next step in behavior analysis is to obtain baseline data. Baseline data should include not only the frequency with which a behavior occurs, but also relevant situational information. Information regarding what takes place just before and just after the behavior is emitted will be invaluable for the formulation of an appropriate intervention plan. Information regarding what a student likes and does not like is also needed.

Collecting adequate baseline data is an often overlooked step in behavior analysis. Teachers are under a great deal of pressure to complete educational plans, including short-term objectives, within the first several weeks of the school years; and some behavior problems are of severe enough nature to require immediate intervention. One solution to this problem is to include the collection of baseline data as the first step of implementation. Consequently, the teacher will have more time to develop an intervention plan. Also, target behaviors may disappear when a constant daily routine is established. In such a case, the objective can be deleted and a new one added.

If the behavior requires immediate intervention, a multi-element baseline design can be used. This method has many useful educational applications, including the comparison of intervention and instructional alternatives and a more rapid demonstration of treatment effects (Murphy, Doughty, & Nunes, 1978). When using a multi-element design, the teacher compares the frequency of the target behavior over several conditions at the same time. One condition is usually the traditional baseline when no specific intervention is applied. Several other conditions, such as withdrawal of attention, reinforcement of competing behaviors, and the use of co-active therapy, can be applied simultaneously in different settings or at other times during the day. By collecting separate data for each condition, the most effective intervention can be chosen for ongoing implementation.

For high frequency behaviors, three to five days of data will be adequate for obtaining a base rate, while low frequency behaviors may require as long as 30 days. While collecting quantitative data regarding the frequency of target behaviors, the teacher can use a logging method to record situational data. This information may reveal stimuli and consequences which seem to elicit and maintain the target behavior. For instance, quantitative data may show that the student tantrums 10 times per day, and situational data may show that tantrums occur only when movement from one place to another is required. Further situational data may show that when tantrumming occurs, the teacher takes the student's hand and leads him or her to the destination. This information has several implications for educational programming and may indicate the need for mobility training, the reinforcement of independent movement, and the application of a different consequence for temper tantrums. Once an intervention plan is in effect, quantitative data will show whether or not the plan is effective.

The above example demonstrates the importance of conducting a behavioral analysis in context. Behavior management and educational programming go hand in hand and cannot be separated. For deaf-blind youth with severe behavior disorders, every activity in the daily routine is a task. While normal children have many activities such as recess, sports, meals, television, and games which provide them with a break from intense learning situations, the deaf-blind child has very few. For this student, eating a meal, playing appropriately, and interacting with peers are highly frustrating and demanding activities. Many behavior problems directly correlate with the difficulty and sequencing of the daily routine.

An essential aspect of behavior analysis is the identification of those activities which seem to be most enjoyable and those which are most resisted. As part of a behavior management program, enjoyable activities make useful reinforcers and resisted activities indicate a need for further task analysis to assure less frustration and more success in the learning process. It is difficult to identify reinforcers for deaf-blind students; several investigators have applied the use of stereotypic behaviors as strong motivators with which to reinforce appropriate behavior. One recent study conducted with self-abusive sensory impaired children found that physical and self-restraint served as positive reinforcers (Favel, McGinsey, & Jones, 1978). These researchers reversed the conditions so that physical restraint was allowed only following periods of non-abusive behavior and were able to significantly reduce self-abuse in those children. Similarly, a teacher of deaf-blind children found that allowing "light-gazing" for brief periods following task completion significantly increased learning rates (Young, 1971). These findings have serious implications for educational programming and behavior management of deaf-blind adolescents. Stereotypic and self-stimulatory behaviors are effective tools both for providing non-demanding rest periods within the daily schedule and as reinforcement for task performance.

After a behavior analysis of target behaviors is completed—including collection of quantitative baseline data, information regarding antecedents and consequences, and identification of reinforcers—actual programming can begin. The educational plan should include skill development in the areas of self-care, daily living skills, cognitive development, practical academics, communication, social development, visual training, auditory training, and development of adaptive behaviors (Minihan). Comprehensive programming need not be a Herculean task. With proper planning, many of these skills can be taught in the context of a single task. Objectives for skill areas can be taken directly from assessment tools, such as the Vort BCP and the Mid-West Regional Center's Education

Training Guide to Pre-Vocational Skills for Deaf-Blind Persons. It is not necessary to include many objectives in each area. The Bureau of Education for the Handicapped guidelines for developing individual education programs for severely handicapped children and youth suggests the inclusion of at least four objectives for each evaluation period (Haring, 1977). To reduce the teacher's paperwork even more, activities and task analysis can be obtained through commercial materials. By streamlining this phase of educational programming, the teacher will have more time and energy reserved for daily planning and evaluation which are important elements of behavior management.

Daily planning includes the determination of student groupings and classroom staff assignments and the content, length, and scheduling of activities. Student groupings and staff assignments are key elements of behavior management. The interaction of persons often precipitates behaviors both positive and negative. As part of an ongoing behavior analysis, the teacher should note the presence or absence of others when target behaviors occur. Some students behave beautifully in a one-to-one situation, but fall to pieces in a group setting. Programming for such a student should include a plan for increasing toleration of placement within a group for work and social activities. Another student may behave only in the presence of male staff members. This student's future placement will be severely restricted unless a plan is developed to bring his or her behavior under the control of female staff members. It is often the case that students have a "favorite" staff member and behave well in the presence of that person. When this occurs, the teacher can learn a great deal by observing the interaction and having other staff model it. Time spent with the favorite person would also make a valuable reinforcer. As deaf-blind or sensory impaired adolescents near adulthood, another important aspect of grouping is to simulate a sheltered work environment as to staff ratios and proximity of peers. Behavior can then be observed and managed within the context of expected placement to provide for smoother adjustment in the future.

The content, length, and scheduling of activities is closely interwoven. The Oak Hill School for the Blind in Hartford, Conn., has employed two shifts of teachers to work with the deaf-blind population. This allows quality educational programming to occur during all of a student's waking hours and instruction to occur within a natural context. Dressing skills are taught when the student gets out of bed each morning, eating skills at mealtimes, and bathing skills at night. Difficult tasks are presented for short periods of time and, often, early in the day when the students are least fatigued. Easier tasks are given for longer blocks of time and are useful for building duration of time on task in preparation for sheltered work experience.

Another important timing consideration is the rotation of activities so that difficult tasks are followed by easier tasks or free time. This minimizes student fatigue and allows for the natural employment of the Premack principle of reinforcement. The Premack principle, named after its formulator, states that the contingent participation in a preferred activity increases the probability of the recurrence of engagement in the less desirable activity which immediately preceded it. This principle occurs naturally in everyday life, e.g., allowing a child to watch television only after completing all of his or her homework. In this instance, television watching reinforces completing homework. If the child is allowed to watch television noncontingently, there is less assurance that the homework will be done. An example of this principle applied to the deaf-blind population would be allowing a student to "light-gaze" by the window or listen to a music box only after getting dressed. To allow these activities on a non-contingent basis would not be an aid to increasing performance.

The Trudeau-Zambarano Active Stimulation Program (1978) is based on the theory that the non-contingent reinforcement which occurs in institutional scheduling is a primary contributor to what is described as "learned helplessness." Learned helplessness is encouraged when students have no opportunity to experience a relationship between their behavior and the consequences involved. A student may receive a cookie simply because it is snack time without having to sign or sit down. Or he or she may be required to sit in wet pants for several hours because it is not time to have them changed. In both instances, because the student sees no relationship between his or her actions and the positive or negative consequences which follow, his or her behavior will not change. More importantly, the student will not learn to control the environment.

Another important element of daily planning for deaf-blind adolescents is consistency. A daily schedule should be established early in the year and adhered to as closely as possible. Sameness of routine allows the student to use environment cues as an aid to independent movement, which is essential for the development of self-sufficiency. Too much change in routine means that the student with severe communication disabilities must constantly rely on others to know what to do next. This is a source of frustration to both students and staff and often precipitates behavior problems.

Students also perform best when they receive consistent consequences for their actions. In order to provide this, staff must be adequately trained. It is just as important for the teacher to train staff as it is to teach their students. A good commercial inservice training guide exists (Watson, 1978) which combines classroom instruction, modeling, and observer feedback to teach both instructional and behavior management skills. Since deaf-blind students require a great deal of individual instruction, their programs are really only as good as the staff who teach them. To assure quality programs, administrators must allow adequate time for inservice training.

It is also essential for staff to have a positive work environment. This can be aided by providing the opportunity for open communication between all staff members. In addition, classroom staff should have several opportunities during the day to be away from their students, since students readily perceive staff discontent and impatience due to fatigue. These breaks are an essential aspect of assuring maximum consistency.

Most behavior problems will begin to come under control when the environment has been properly organized. Organization includes appropriate task and behavior analysis, behavioral and educational objectives, the use of contingent positive reinforcement, a consistent routine which alternates difficult and easy-to-perform activities, and provision of staff training and a positive work environment.

When behavior problems do occur, it is important to examine the organizational aspects of a student's program first. Behavioral and educational data can provide vital information regarding correlations between student behavior, task difficulty, nature of activities, time of day, personal interactions, and antecedents and consequences of behavior. If medication, glasses, or hearing aids are employed, data is useful to other specialists for evaluating the efficacy of their interventions. When severe behavior problems occur, it is often useful to have a multidisciplinary team conference to assure that all aspects of the student's program have been carefully analyzed. Oftentimes these discussions will reveal that incorrect medication, communication problems, lack of sufficient positive reinforcement, or staff changes are at the base of behavior problems. If, after these factors are carefully examined and manipulated, behavior problems continue to occur, it may be necessary to add behavioral intervention strategies to the student's program.

Useful behavior modification techniques for controlling aggressive and destructive behaviors include time out from reinforcement (Wolf, Risley, & Mees, 1964) and restitutional overcorrection (Foxx & Azrin, 1972). Overcorrection positive practice procedures have been found useful in eliminating noncompliant, self-abusive and stereotypic behaviors (Axelrod, Brantner, & Meddock, 1978). Aversive tickling (Hoatz, 1977), physical restraint as positive reinforcement (Favell, McGinsey, & Jones, 1978), and contingent feedings have been used to successfully reduce self-abusive behaviors. When any of these techniques are employed, it is essential that staff are well trained in their use and that sufficient measures are taken to assure that student and parental rights are protected. Daily evaluations should be made by teachers and supervisors to examine the efficacy of these techniques.

When a student is provided with negative consequences for behavior, it is a good rule of thumb to concurrently provide extra opportunities to receive positive reinforcement. If the environment is perceived as primarily punishing, it will not provide a good learning atmosphere and may have adverse emotional side effects (Epstein, Dole, Sajwaj, Sorrel, & Rimmer, 1974; Oliver, West, & Sloan, 1974; Watson, 1978).

Teachers must also keep in mind that many of the procedures found successful in a clinical setting may not be directly transferable to the classroom. Modifications due to legal restrictions, staff ratios, scheduling, and student idiosyncracies are often necessary. Some institutions now employ a full-time behavior analyst to aid teachers in the establishment of appropriate and feasible behavioral interventions. Other programs employ full-time or consulting psychologists for this purpose.

Some modifications in the use of time-out procedures include holding techniques, contingent observation, and contingent removal of desirable objects. These interventions are especially useful with aggressive or destructive students when traditional time-out areas are not available, or when their use is contraindicated either because the students enjoy withdrawal from contact with persons and tasks, or when they become self-abusive in isolation.

With smaller children, holding is implemented by placing the students in a chair and crossing their arms in front of them and then holding the student's hands from behind. Larger students can be held by crossing their arms in front of them and placing them down on the floor or a mat, then straddling them and holding their hands at their sides. Holding should be maintained until the student has calmed down and does not attempt to reengage in the inappropriate behavior when partially released. One hazard of this intervention is the possibility that close personal contact may be reinforcing to some students. If quantitative data shows that the behavior has not decreased within three to five days, an alternate intervention should be chosen.

Contingent observation is another alternative time-out procedure in which the student is removed from the opportunity to receive reinforcement but sits in proximity to the group. This method is not practical when used by itself with students who will not remain seated or with students with such severe sensory impairment that they are unaware of their removal from reinforcing activities. Contingent observation can be used in conjunction with time-out or holding procedures as a step towards reentry to activities. This will provide the teacher with an opportunity to observe whether or not the student has actually calmed down, and the student with a chance to regain control before resuming activities.

Sensory impaired children with severe behavior disorders can be allowed to hold or play with a favorite object when not being directly worked with. When target behaviors occur the object can be contingently removed for a specified period of time. This procedure has proven useful with the deaf-blind student who is strongly attached to an object, especially an object used to engage in stereotyped behavior.

Whenever a form of time out is used, it is critical to assure that the environment from which the student is removed is highly reinforcing. Unless this condition exists, time out will not be effective or, worse, may provide the student with an opportunity to avoid activities by engaging in inappropriate behaviors. One other caution regarding time out with the sensory impaired population is the questionable effectiveness of extinction procedures. Although extinction has been shown to be effective in the clinical setting and in classrooms for less handicapped children (Thomas et al., 1969; Zimmerman & Zimmerman, 1962; O'Leary & Becker, 1967), it is not effective in reducing behaviors which are internally reinforcing, such as light-gazing and rocking. Extinction is also not practical in a classroom setting when behaviors are severe enough to provide a hazard to the safety of the student or others in the environment. In this case, simply ignoring a behavior is not feasible. Effective use of extinction also requires maximum consistency among staff members in order to avoid random reinforcement of the target behavior. As students of behavior modification know, behaviors which receive random reinforcement are the most difficult to extinguish.

Restitutional and positive practice overcorrection have some drawbacks for classroom use with deaf-blind students. Overcorrection procedures require one-to-one intervention. Most staff ratios do not make this a feasible technique, especially for correcting high-frequency behaviors. Another drawback is that many deaf-blind students require a total physical prompting during overcorrection practices and may actually be reinforced by the close physical interaction this provides. Overcorrection has been used with success to correct low-frequency disruptive and destructive behaviors and with toileting accidents which are clearly operant. Overcorrection works best with students who are basically lazy or hypoactive and when correction occurs while reinforcing activities are going on so that it serves as a form of time out as well. The overcorrection techniques employed for rapid toilet training of the retarded (Foxx & Azrin, 1973) are often not feasible in an educational setting because of the amount of time and the one-to-one ratio required to implement them. When toileting accidents or fecal smearing are clearly operant behaviors, the clean-up procedures recommended by that method are effective when they occur in place of a more reinforcing activity.

Positive practice has not proven effective or feasible for reducing stereotypic behaviors in the sensory impaired population. These behaviors are generally of such high frequency that these procedures cannot be consistently applied and would significantly decrease valuable instructional time. Positive practice has been successfully applied to decreasing masturbation in the classroom and to eliminating the inappropriate use of task materials. One advantage of positive practice is that it can teach appropriate alternative behaviors at the same time it is reducing maladaptive ones. In most cases, simply prompting the student back to the activity and reinforcing on task responses is most effective for decreasing stereotypic behaviors.

The use of physical restraint as a positive reinforcement has been effective in reducing the self-abusive behaviors of several deaf-blind students who engage in self-restraint. These students have typically been medically restrained for long periods of time for self-abusive or orthopedic reasons, and will actively engage in self-restraint when these devices are released. This behavior can be used to an advantage by making it contingent on non-abusive behavior. Restraint as positive reinforcement is also a practical method for classroom implementation, since students can be worked with for a period of time and then allowed to self-restrain until worked with again. The intensity of self-restraint can be gradually faded at the same time the intervention is in use and the length of non-abusive work periods increased. This method is effective with non-self-restraining students only if some other type of restraint is clearly reinforcing. Prosthetic restraining devices can have negative side effects, and their use should be carefully evaluated.

Contingent feeding has been effectively used for reducing self-abusive behavior. Its use should be strictly monitored to assure the student's right to adequate nourishment is adhered to. This technique can be modified for implementation during meal and snack times. This is done by making small bites of food contingent on very short periods of non-abusive behavior and gradually increasing both the amount of food given and the length of time non-abusive behavior is required. Initially this will necessitate the use of longer mealtimes to assure the student has an adequate opportunity for food intake. This method is effective only if food is a strong reinforcer, and it does not work well with students who are finicky eaters or who have eating problems.

In all cases, when negative consequences are given for target behaviors, students should have frequent access to positive reinforcement. Positive reinforcement can be given for specific other appropriate responses and/or for periods of time when the target behavior is absent. Initially, reinforcers should be given at a high rate, such as for every appropriate response or for a few seconds or minutes of clean behavior. It is important, though, to decrease the rate of reinforcement as soon as possible so that satiation does not occur. When satiation does occur, the student will lose motivation to respond except when the reinforcer is desired.

Simple token economy systems which provide reinforcement for time intervals during which target behaviors are absent have been effective with severely handicapped students. These systems must be concrete and not employ any concepts which may confuse the student. A simple matching technique is effective, where the student need only match two or three tokens to corresponding shapes on a card. When all shapes are covered, the student can trade the card for an appropriate reinforcer. By increasing the time intervals between delivery of tokens instead of the number of tokens needed for reinforcers, the student need never deal with more difficult number concepts. More direct methods of reinforcement, such as social praise and free time, can be used to reinforce educational responses.

When behavior modification techniques are used in educational settings for deaf-blind children, much of their success lies in keeping these programs practical and simple as possible. Since consistency is the primary ingredient of all these techniques, complicating and time-consuming programs are generally doomed to failure.

It is often necessary to reduce the educational demands placed on a student or to employ extra staff temporarily until behavior problems have been decreased. However, it should not be forgotten that the most successful and long-range method for eliminating maladaptive behavior is to increase the amount of time the student engages in socially appropriate and skill behaviors. Because of the urgency to make the most effective use of the time when educating behaviorally disordered adolescents, it is recommendable to concentrate on bringing about behavior change within a context similar to that expected for future placement.

Oak Hill School for the Blind has recently established a prevocational workshop for deaf-blind students. This workshop concentrates on both the training of general skills and increasing duration on task and the productivity rate of specific tasks. The behavioral component is an important aspect of this workshop. Behavior problems to extinguish or minimize are those listed in the Training Guide to Pre-vocational Skills for Deaf-Blind Persons. Baseline data was collected for all students within the first few weeks the workshop was initiated. If necessary, individualized behavior modification programs were designed to handle severe disruptive and aggressive behaviors. All students were placed on reinforcement schedules established from baseline data. Reinforcers include coins, tokens, Premack activities, free time, and tangible rewards.

The long-range behavioral goals for these students are to increase the time intervals between delivery of reinforcement, to condition money as a reinforcer, to decrease the necessity for highly individualized behavioral interventions, and to increase the ratio of students to staff. Younger children (10-13) attend the workshop for several half-hour periods per week. Older students (14-21) attend for one hour or more each day. As students approach the age of 21, they will spend longer periods of their day in a prevocational or work activity center and the remainder of the day engaged in the acquisition of daily living, self-help, and social/recreational skills.

It is to the students' advantage to phase them out of the classroom setting while they are still mandated for educational programming. Should problems occur during this transitional period, qualified educational staff will be available to meet these needs. Behaviorally disordered students experience difficulty adjusting to change, as can be witnessed in regressions which typically take place over vacation periods and when staff or classroom placements change.

Summary

The most important aspect of educational programming for emotionally disturbed deaf-blind youth is the modification of severe disruptive, aggressive and self-abusive behaviors. While sheltered work settings can accommodate clients with negligible productivity, they are not prepared to handle those presenting behaviors which are hazardous to themselves or others.

The most effective method of programming for emotionally disturbed deaf-blind youth is to create an educational environment based on feedback from behavior analysis. This analysis is formulated from the interpretation of both quantitative and situational data. Quantitative data provides the teacher with a means for making an objective evaluation, while situational data is the grounds for development by implementation strategies.

Many behavior problems can be controlled by the establishment of appropriate educational activities, consistent scheduling, and contingent positive reinforcement. It is important, when working with adolescents, to bring about generalization of skills and behavioral adaptation to work and social environments similar to those expected for long-term placements before the students reach the age of 21. When severe behavior problems continue to occur after the establishment of an optimum learning environment, behavior modification techniques are effective means for reducing or extinguishing them.

Although clinical studies are invaluable resources for the design of intervention strategies, in most cases the techniques must be modified for use in the educational setting. Institutions using behavior modification techniques must insure that their policies meet legal and ethical standards.

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Emotional Disturbances in the Mentally Retarded

Frank J. Menolascino and Donna R. Eyde

The range of emotional handicaps in retarded children and adolescents does not differ significantly from that in general populations. The full spectrum of psychoses, neuroses, personality disorders, behavior disorders, psychophysiologic disorders, and transient situational disturbances is clearly evident in retarded persons (Menolascino, 1967; Webster, 1970; Phillips & Williams, 1975; Chess, 1978).

This conclusion has been clearly borne out by the senior author's consultative experiences in a large, community-based system of services for the mentally retarded—the Eastern Nebraska Community Office of Retardation (ENCOR) in Omaha, Neb. Among clients receiving services from this system, it is not unusual to observe combined diagnoses such as childhood schizophrenia and moderate mental retardation, or unsocialized aggressive reaction of adolescence and mild mental retardation. Practically speaking, certain diagnostic categories such as the neuroses tend to be underrepresented in the retarded, while other diagnostic categories are seen with relative frequency, e.g., schizophrenia, the various behavioral reactions, and transient situational disturbances. The diagnostic entities which appear with greatest frequency, or those which present special problems of diagnosis, are described in the following sections.

Childhood Psychoses and Mental Retardation

In general, psychotic reactions of childhood present major clinical challenges. Delineation of types and etiologies has been delayed, in part, by the fact that the psychotic child frequently functions at a mentally retarded level, and early practitioners believed that all psychotic children thus "deteriorated."

In 1943, "early infantile autism" was described and became the focus of interest, including speculations as to whether it represented the earliest form of childhood schizophrenia (Kanner, 1943). Yet, to label a child "autistic" presented some formidable problems relative to definition of term, specific etiological-diagnostic implications, and treatment considerations (Rutter & Schopler, 1978). Today there is not the same fervor over diagnosis, treatment, and differential outcome concerning functional childhood psychoses and their interrelationship to mental retardation as was evident 10 to 15 years ago. In the recent past, infantile autism was viewed as an early aspect of this spectrum. A number of follow-up studies (Menolascino & Eaton, 1967), combined with the literal rediscovery of the wide variety of primitive behavioral repertoires in the retarded (the same behavior that has been termed psychotic in the past!), and a lack of relative differences in treatment modalities have converged to mute earlier clinical enthusiasm and force a reexamination of the issues.

However, specific treatment modalities utilized with autistic syndromes, usually characterized by a strong focus on educational needs, have absorbed recent attention. This focus on educational-psychiatric intervention in autistic syndromes must be viewed in relationship to the following information base: (a) The appearance of psychotic behavior (and/or autistic behavior) and mental retardation in young, nonverbal children bespeaks both a common etiology and a diminished capacity to tolerate stress; (b) Retarded patients, especially the more severely retarded, frequently display indices of primitive, stereotyped, and self-stimulating behaviors that resemble the syndrome of autism; and (c) The psychoses of childhood, particularly infantile autism, are strongly associated with major dysfunctions of the central nervous system (Rutter & Schopler, 1978).

Personality Disorders

Personality disorders are characterized by chronically maladaptive patterns of behavior (e.g., antisocial personality, passive-aggressive personality, etc.), which are qualitatively different from psychotic or neurotic disorders. Studies reported in the earlier history of retardation (Barr, 1904) tended indiscriminately to see antisocial behavior as an expected behavioral accompaniment of mental retardation.

The antisocial personality designation continues to receive much attention, since the diagnosis is frequently overrepresented in borderline and mildly retarded individuals. Behavioral problems of an antisocial nature are more frequently seen in this group, since the same poverty of interpersonal relationships during childhood that leads to retardation associated with psychosocial deprivation can also lead to impaired object relations and poorly internalized controls (Menolascino, 1977). The diminished coping skills of this group often necessitate their performing deviant acts simply to exist. Finally, this group is the most likely to be released from institutional settings in young adulthood and dramatically display the effects of institutional detachment on personality development.

Beyond the antisocial category, other personality disorders are rarely reported among the retarded. Indeed, the only other personality disorder in the retarded that has received much attention is the "inadequate personality," even though the application of exact diagnostic criteria would exclude this disorder as a primary diagnosis in mental retardation.

Current studies strongly suggest that, although personality disorders do occur in the mentally retarded, they are, in our experience, based primarily on extrinsic factors and have no distinct etiological relationships to the associated symptom of mental retardation. Despite persistent folklore, these disorders are not excessively frequent in the non-institutionalized retarded population.

Psychoneurotic Disorders

There is a paucity of older literature (pre-1950) on the frequency and types of psychoneurotic reactions in the mentally retarded. Early views suggested that they were infrequent (Beier, 1964; Menolascino, 1967), and the types of psychoneuroses (e.g., anxiety reactions and depressive reactions) reported were few in number.

Recent studies (Chess, 1969, Webster, 1970; Woodward, Jaffe, & Brown, 1970; Phillips & Williams, 1975) dispute the incompatibility between neurosis and retardation. These studies attribute the neurotic phenomena to factors associated with atypical personality development in conjunction with disturbed family functioning. For example, psychoneurotic disorders in retarded children have symptoms, such as anxiety, fear of failure, insecurity, etc., which are clearly linked to factors such as chronic frustration, unrealistic family expectations, and specific psychosocial deprivations. Our experience suggests that psychoneurotic disorders are more common in children of high, moderate, and mild ranges of mental retardation. This finding prompts speculation as to whether the relative complexity of psychoneurotic transactions are beyond the adaptive limits of the more severely retarded individual.

Transient Situational Disturbances

This category of minor emotional disturbances is often utilized in the assessment of the nonretarded. It is only infrequently noted in clinical reports of emotional disturbances in the retarded population. Our clinical experience suggests that underutilization of this diagnosis is one of the major drawbacks of descriptive behavioral approaches to the retarded.

Transient situational disturbances are defined as:

> A category reserved for more or less transient disorders of any severity (including those of psychotic proportions) that occur in individuals without any apparent underlying mental disorders and that represent an acute reaction to overwhelming environmental stress. If the patient has good adaptive capacity, his symptoms usually recede as the stress diminishes (APA, 1968).

The transient nature of these disorders is their paramount feature, and the dimension of good adaptive capacity poses a recurrent dilemma when one works with a mentally retarded population. If the clinician-educator thinks that retarded people, by their very nature, have poor adaptive capabilities, then other diagnostic categories are selected. Furthermore, if the mentally retarded are considered as being excessively vulnerable to emotional disturbances, these "transient" disturbances are viewed as the beginning of chronic emotional disturbances which have emerged as an accompaniment to the mental retardation.

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In our experience, the majority of emotional and behavioral problems in the retarded *are* transient situational disturbances. They are frequently caused by inappropriate expectations or external crises; they respond rapidly to supportive psychotherapy and environmental adjustments.

Problems Associated with Different Levels of Retardation

This dimension is often ignored when the retarded are viewed as "simply" retarded, a designation which is misleading (Webster, 1970; Menolascino, 1977). Both diagnostic and treatment-management considerations tend to be obfuscated by the level of mental retardation which is present.

The Severely Retarded

Severely retarded individuals are characterized by gross central nervous system impairment and a high frequency of multiple handicaps (in particular, special sensory and seizure disorders). They manifest primitive behaviors and gross delays in their developmental repertoires. These problems directly impair their ability to assess and effectively participate in ongoing interpersonal-social transactions. In the diagnostic interview, mouthing and licking of toys and excessive tactile stimulation such as "autistic" hand movements executed near the eyes, skin-picking, and body rocking are evident (Bernstein & Menolascino, 1977). The very primitiveness of the severely retarded person's overall behavior, in conjunction with negativism and out-of-contact behavior, may initially suggest a psychotic disorder of childhood.

Despite their minimal behavioral repertoires these children do make eye contact and interact with the examiner quite readily. Similarly, one might form the initial impression that both the level of observed primitive behavior and its persistence are secondary to extrinsic deprivation factors (a functional disorder). However, these children seem never to possess a functional ego at the appropriate chronological age, and exhibit amorphic (or minimal) personality structure.

Recent studies by Chess, Korn, and Fernandez (1971) on severely retarded children with the rubella syndrome, and by Grunewald (1974) on the multiply handicapped-severely retarded, clearly document the high vulnerability of these children to psychiatric disorders. It has been noted that without persistent interpersonal contact, special sensory and educational stimulation, and active support of the parents, these youngsters fail to develop any meaningful contact with reality (i.e., they display "organic autism").

We have been impressed by the degree of personality development the severely retarded can attain *if* early and energetic behavioral, educational, and family counseling interventions are provided. True, they remain severely handicapped in their cognitive and social-adaptive characteristics. Yet there is a world of difference between the severely retarded child with many self-help skills who graduates from a standing table to a wheelchair, and the untrained, severely retarded individual who is supinely withdrawn from interpersonal contact and totally lacking in self-help skills.

If early and adequate evaluations, ongoing developmental stimulation, and anticipatory parent counseling are accomplished, these youngsters tend to be well accepted by their parental support systems and peer groups. Perhaps this acceptance reflects a personal-community empathy for the obvious handicaps under which they learn and live.

The Moderately Retarded

This level of retardation encompasses some of the same etiological dimensions noted in the severely retarded, accompanied by a wide variety and high frequency of associated handicaps. The slow rate of development, specific problems with language development, and concrete approaches to problem-solving situations contribute to unique vulnerabilities for strong personality development. In an outstanding study, Webster (1970) viewed these personality vulnerabilities as stemming from cardinal behavioral characteristics which moderately retarded children tend to utilize in their interpersonal transactions. Specifically, he noted benign autism (or selective isolation), inflexibility, repetitiousness, obstinacy, passivity, difficulties in parallel play situations, and a simplicity of the emotional life. The simplicity reflects their undifferentiated ego structures and presents a true clinical challenge in terms of modulating their behavior. Their limited repertoire of personality defenses, coupled with their concrete approaches to problem solving, tend to incubate and encourage overreactions to minimal stresses in daily living. Reflections of this overreaction are proneness to hyperactivity, impulsivity, rapid mood swings, and temporary regression to primitive self-stimulatory activities. These personality limitations are exacerbated by delays in language development, which further hamper their ability to meaningfully communicate inter- and intra-personal distress.

Unlike the severely retarded, this group of youngsters tend to be rejected by their parents and peers alike. Their attempts to approximate external developmental expectations, coupled with the above-noted behavioral traits, appear to further alienate them from the very interpersonal contacts they so desperately need.

The Mildly Retarded

Recently, there has been confusion over whether to view the mildly retarded as the statistical expression of the polygenic basis of the symptom of mental retardation or as the untutored "have-nots" of a society that tolerates only minor deviations from the norm (Eisenberg, 1972). Emotional disturbances in the mildly retarded reflect the well-known residuals of a person who is labeled deviant and then becomes enmeshed in the dynamic interplay of disturbed family interactions. The typical failure to establish that these youngsters have a distinct learning disability (usually not confirmed until 6 to 8 years of age) creates a constant source of anxiety in mildly retarded individuals, as they fail to acquire and integrate normal developmental sequences at the expected rate.

Usually, during the latent period of psychosexual personality integration, mildly retarded children have considerable difficulty in understanding the symbolic abstractions of school-work and the complexities of social-adaptive expectations from family and peer group. Often at this stage, they gain some insight into their limitations. By early adolescence they have established an identity that incorporates both retardation and deviance.

The vulnerabilities of the mildly retarded often are not buffered or redirected by loved ones. New interpersonal coping styles, which might correct earlier misconceptions about the self, are not often taught to them. Without a strong focus on special education programs, family guidance, and community support, the mildly retarded are at high risk for failure in society, especially urban society. In the past, if this group managed to avoid an institutional setting for the retarded, it was not unusual to find them, eventually, in other types of institutions such as correctional facilities or state mental hospitals.

In summary, it appears unlikely that this group is readily identifiable as handicapped to the extent of needing supportive services. Today there really is no need to view them as misfits and as society's surplus population, who, if not simply ridiculed, are apt to be exploited because of the lack of acceptable coping styles. In our era of PL 94-142, these past "prescriptions for failure" are no longer valid. Indeed, many recent reports strongly suggest that a focus on early developmental-educational intervention can literally lift these individuals above the mild level of mental retardation. The challenge to educational behavioral professionals to do so is a major one.

Current Perspectives

It is very popular in mental retardation circles today to focus on the ideology of normalization (Nirje, 1969) and the developmental model (Menolascino, 1977) as the keystones to progressive treatment and management. These concepts directly evolved from the contributions of educators and child psychiatrists to our knowledge of early personality development and child care principles. Indeed, the recent changes in the care of the mentally retarded to a great extent had their roots in the educational-behavioral advances which have been made over the last 30 years. These changes fall into three main areas: (a) improved understanding of early personality development and the process of attachment, (b) an enhanced scope of treatment modalities for emotional illness early in life, and (c) the movement toward community placement and treatment of mentally and emotionally handicapped persons. In addition, several broad social trends have increased the visibility of the handicapped in general and the retarded in particular.

Developmental Issues

The work of Spitz (1945), Bowlby (1961), and others regarding the effects of early object loss and institutionalization has had a profound effect on all child-rearing practices. For orphaned children who are not identified as having special needs, this work has virtually eliminated the large institutional orphanage in favor of foster care. These changes could have been justified for humanitarian reasons alone, but they have far greater implications for society in preventing the syndrome of the detached institutionalized retarded adult. As recently as 10 years ago, some of the most familiar sights in institutions for the retarded were the large numbers of detached retarded individuals. As the new principles of care have been applied, it has become increasingly apparent that much of the behavior considered to be most typical of the retarded person has been actually found to be an expression of emotional detachment. Therefore, detachment and emotional stunting is preventable by placing retarded children in small settings where they can relate to a limited and consistent group of primary caretakers.

Enhanced Medical Management

In the past, one of the frequent reasons for recommending institutionalization for the retarded was concern about unmanageable behaviors as they approached mid-adolescence or adulthood. The tremendous improvement in medical and psychiatric treatment of these problems during the last 20 to 30 years has made possible revolutionary changes in the management of both retarded and non-retarded persons. Improved medical treatment has permitted a dramatic decrease in the need for highly structured, institutional means of controlling problem behaviors. At the present time, isolation rooms, restraints, and excessive pharmacological regimes are increasingly the exception rather than the rule.

Since these treatment challenges are now readily handled by psychiatrists in community-based settings, the retarded individual and his family have a greatly increased confidence that, for the great majority of the retarded, care can and should occur outside of an institutional setting.

Community-Based Programs

It is significant that the great strides in improved understanding of the importance of early interpersonal relationships to normal development has come about within the last three decades, that the striking gains in medical management of mental disorders and allied handicaps (e.g., epilepsy) in the retarded have also come within the last 20 years, and that the major movement toward community-based programs for the mentally ill and retarded has occurred in the past 15 years. While the work on normal human development and the problems of detachment pointed to the need for greater family and community-based care of retarded persons, these changes would have been greatly delayed without the improvements in educational and medical management which have made community care a practical reality for many handicapped individuals.

With the advent of community-based programs for both the mentally ill and retarded, a series of mutually reinforcing events has unfolded. Many of the symptoms of institutionalization have been prevented in the group of younger retarded persons, and the incidence of many types of psychiatric complications has been significantly reduced (Balthazar & Stevens, 1975). The improved medical management of emotional and behavioral problems in the retarded has significantly increased the morale and confidence of persons who work with the retarded on a daily basis.

All of these events have led to significantly increased independent and semi-independent functioning for many retarded persons. Moreover, these events have encouraged the growth of significant systems of service in which the focus on development maximation has greatly improved the quality of community-based programs. In addition to the advantages of avoiding the institutional syndromes of detachment, the community-based programs can provide a normalizing set of life experiences with regard to school, recreation, work, and home. Such programs allow the retarded to be close to their families, to go to school with their brothers and/or sisters, to live in an actual neighborhood and homelike settings, to be trained for generic vocational opportunities, and to be close to sources of sophisticated medical support.

Summary

Throughout most of the past 100 years, psychiatry and education have been closely tied to the care of the mentally retarded. In the first two decades of this century, certain changes in society led to a separation of the mentally retarded not only from these professionals, but from society in general. Yet the last two decades of the century hold great promise for directly reversing past trends of educational elitism and medical noninterest. Retarded people, because of their tendency toward central nervous sytem impairment and diminished overall interpersonal coping ability, are at risk for psychoses, behavioral disturbances, and transient situational disturbances. Many retarded people are institutionalized unnecessarily because of acute transitory emotional problems. As with other groups of dependent psychiatric patients (e.g., children and geriatrics), the clinician's efforts must frequently be directed as much toward assessing the strengths and weaknesses of the family and community support systems as they are toward the care of the individual patient.

In nearly all instances, the retarded can be maintained in the community, with the help of educators and psychiatrists who are willing to provide both short-term intensive care and long-term developmental/educational services for them.

The accomplishments of the past 30 years have initiated a renaissance of interest in the care of the retarded. These accomplishments include an improved understanding of human development and attachment, improved ability to treat the psychiatric aspects of mental retardation, and, flowing from these two concepts, a significant movement toward community-based treatment of mentally retarded-emotionally disturbed individuals. The future success of these current trends will depend greatly on the willingness of educators and psychiatrists to provide direct care for emotionally troubled retarded individuals, and their sustained leadership in developing workable community-based systems of care.

Lastly, in view of the major trend toward providing community-based services for the retarded, there is a pressing need to train all educational and mental health professionals in the identification and treatment of the emotional disorders which so frequently complicate the lives of mentally retarded individuals.

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Curriculum Adjustments in the Area of Vocational Preparation for Emotionally Disturbed Youth

Bruno J. D'Alonzo

During the past century vocational education has been an integral part of the American educational system. However, emotionally disturbed youth have had limited opportunities in general education and especially so in vocational education. Restricted emphasis on vocational education for the handicapped and specifically emotionally disturbed youth was evident until passage of legislation during the 1960's which recognized the need to provide vocational education to special needs students, those who are disadvantaged and/or handicapped. The legislation which provided the impetus for expanded vocational education and employment opportunities for the handicapped were the Vocational Education Act of 1963 (PL 88-210), the 1968 Amendments to the Vocational Education Act (PL 90-576), the 1973 Vocational Rehabilitation Act, Sections 503 and 504 (PL 93-112), the Education for All Handicapped Children Act of 1975 (PL 94-142), and the 1976 Vocational Education Amendments (PL 94-482). The last three legislative acts have interrelationships which demonstrate the commitment made by Congress to increase accessibility and services for special needs persons. A brief discussion of each act follows.

Public Law 93-112

The Rehabilitation Act represents a major federal commitment to the handicapped in the form of a civil rights law. The law is designed to help protect the rights of handicapped persons and to end discrimination on the basis of handicaps. The act applies to *all* programs and activities receiving federal funds, not just to the individual programs financed with federal money. In addition, all federal funds are jeopardized by non-compliance, not just those being received for the handicapped. The regulations extend to employment practices; program accessibility; preschool, elementary and secondary education; post-secondary education; and health, welfare, and social services.

Public Law 94-142

The Education for All Handicapped Children Act is linked to the Rehabilitation Act of 1973 (Section 504). This act mandates a free, appropriate education for all handicapped children and youth within the least restrictive environment. The law indicates that the Commissioner of Education may withhold funds designated for the education of the handicapped under the Elementary-Secondary Act of 1965 and the Vocational Education Act, if compliance with 94-142 is not obtained. A critical element of the law is the provision for an individualized education program plan (IEP) for students with special needs. The involvement of vocational educators in the formulation of the IEP will increase as more special needs students are placed in the "least restrictive environments" for vocational training.

Public Law 94-482

Title II of the Education Amendments of 1976 addresses vocational education. PL 94-482 indicates that vocational training should be made accessible to persons of all ages in all communities including those who are disadvantaged and handicapped. The intent of the act is to ensure that all persons will have ready access to training which is of high quality, which is realistic for gainful employment, and which is suited to their needs, interests, and ability to benefit from training. In order to accomplish this goal for disadvantaged persons, PL 94-482 provides that 20% of the funds made available to states be expended for programs and services that assist the disadvantaged student in an occupational program. Likewise 10% of the funds are designated to provide services for the handicapped student. In addition, Subpart IV of 94-482 provides funds to pay for the full cost of vocational education of disadvantaged persons in areas of the state that have extremely high concentrations of youth unemployment and high dropout rates. Throughout the legislation the involvement of the special student in the regular education process is emphasized. This process, known as "mainstreaming," is the intended target of the funds designated for handicapped and disadvantaged students.

The number of vocational education programs available to emotionally disturbed youth will surely increase as state and local agencies fully implement these laws. However, a word of caution is necessary if we are to make progress in programming for emotionally disturbed youth in vocational education. There are several contraindicators to progress:

1. We do not have total professional or community support of the spirit and intent of these acts.
2. Stereotypic and attitudinal barriers still exist among general and vocational educators toward emotionally disturbed youth.
3. Preparation of professionals at the preservice and inservice levels has not effectively trained them to work with emotionally disturbed youth in a vocational education environment.
4. Delivery of service systems to effectively train emotionally disturbed youth through vocational education have not been validated.
5. The U.S. Office of Civil Rights is presently investigating serious violations by vocational administrators who engage in unlawful discrimination practices toward the handicapped in their vocational schools. Several types of violations were reported in the *Federal Register* of March 21, 1979:

   a. Eligibility requirements such as residence within a geographic area or admissions tests deny vocational education opportunities on the basis of race, color, national origin, and handicap.

b. Handicapped students are inappropriately assigned to separate annexes or branches; they are also denied equal vocational education opportunities as a result of inaccessible facilities and inadequate evaluation procedures.

c. Vocational education administrators often fail to adequately protect against discrimination in the placement of students with employers (p. 17163).

In a similar vein, Prehm and McDonald (1979) indicated that "support for many special programs is decreasing because of accompanying problems and bureaucratic paper chase." They also believe that problems such as those previously described will not be alleviated by focusing on procedural compliance. "They can only be overcome through concerted efforts focused on the development of long range plans designed to achieve the best possible education for all children of a community" (p. 506). This long range planning will require the development of several delivery of service system options to meet the unique needs of youth who are classified as emotionally disturbed.

Comprehensive Delivery of Service System

Youth classified as emotionally disturbed are not just treated, educated, or rehabilitated. They are provided services through the concerted efforts of many professional and lay groups and individuals. For purposes of describing these services the term "Comprehensive Delivery of Service System" (CDSS) will be used within this article.

The number, magnitude, and intertwining of problems which are the normal sequelae of emotional disturbance are overwhelming. An example of the range and complexity of emotional disturbance was described by Quay (1972). He offers a behavioral-cluster classification system for use by educators. Quay identifies patterns of (a) aggression (conduct disorder), (b) withdrawal (personality disorder), (c) immaturity, and (d) socialized delinquency. Estimates of prevalence of youth with emotional disturbance range from .05% to 15% of the population. There is also a range of educational provisions which vary from state to state and district to district. The problem of emotional disturbance not only has a direct effect on the individual who has this problem but also affects the family and those individuals with whom personal contact is made in school and community life.

One approach to a CDSS for emotionally disturbed youth may be conceptualized under three program elements: personnel, institutions, and services. The first two elements, trained personnel in appropriate institutions, combine to produce services or activities.

Personnel

To assure effective implementation and operation of a CDSS to provide the required vocational education services to emotionally disturbed youth, and to ensure and expedite placement in the least restrictive vocational environment, numerous and varied professional and lay personnel are needed. These personnel may vary according to the area, degree of involvement, and physical environment in which they perform their roles. Personnel types will include primarily professionals from medical and health occupations, vocational technical education, vocational rehabilitation, general education, and special education. Lay personnel will primarily include individuals from the business and industrial sectors. The types of personnel usually involved with a CDSS approach are:

1. Mental health, medical, counseling, and psychological personnel

    Rehabilitation psychologists
    School psychologists
    Clinical psychologists
    Developmental psychologists

    Neurologists
    Psychiatrists
    Physiatrists

    Psychiatric social worker
    Social worker

    Rehabilitation counselors
    School counselors (career/vocational adjustment)

2. Education personnel

    a. Instructional—Special education teachers of:

        Emotionally handicapped
        Homebound or hospitalized
        Resource (itinerant and consulting)

    b. General education subject area specialists

    c. Administration
        Special education director
        Principal of a special education school or facility
        Special education supervisor
        Administrators in state or private agencies

3. Career and vocational personnel

    Vocational evaluators
    Vocational rehabilitation counselors
    Career education specialists
    Sheltered workshop personnel
    Vocational educators
    Pre-vocational coordinators

4. Special therapy personnel

    Physical therapist
    Occupational therapist
    Speech pathologists/audiologists
    Art therapist
    Music therapist
    Play therapist
    Adapted physical education

Therapeutic recreation
Manual arts therapist
Industrial therapist

5. Other

Due process hearing officer
Child advocate
Business and industrial personnel

Institutions

Services provided to emotionally disturbed youth by personnel with specific roles are usually conducted within an institution, with certain roles and expectations that will fulfill the goals of the CDSS. These institutions are classified as educational, hospital, residential care, correctional, business and industrial, social service, vocational, health related, and advocacy related. Within these institutions a wide range of services are provided which directly affect the individual and his or her career development and training received through vocational education.

Services

There are many obstacles to the accurate compilation of all services required by emotionally disturbed youth. Not the least of these is the fact that the concept "comprehensive delivery of service system" has equivocal meaning. For example, to those who are medically oriented, a CDSS means psychotherapy, chemotherapy, treatment plans. To those oriented toward vocational education, the meaning is occupational education, skilled trades, career ladder, prevocational training. In reality they are all correct. The CDSS requires these and many more services if this approach will enable emotionally disturbed youth to achieve their full potential.

Services must be delivered in accordance with these four principles: (a) parallelism, (b) coordination, (c) concentration, and (d) feedback.

Parallelism

Parallelism is the simultaneous execution of two or more services. A relatively simple example of this occurs during the staffing stage for placement into a special education program. A committee is assembled to develop the individualized educational program plan, which includes psychologists, educators, medical personnel, and parents. Vocational educators will be involved to assist in determining the appropriate vocational class placement. Medical and psychological services will assist in planning appropriate options for stabilizing and rehabilitating the student. The student needs many services and needs them simultaneously.

Coordination

Coordination is necessary in the CDSS because of the simultaneous involvement of numerous professionals and concurrence of activities. Coordination is required not only for services occurring concurrently, but also for activities occurring between phases of the program, e.g., pre-vocational, vocational, community work experience. The pre-vocational program developed in the early grades should complement the vocational program in senior high school. Coordination within the CDSS also ensures that the objectives of each individualized educational program plan form a complete, all-inclusive program which should result in the successful return of the student to the mainstream of the regular school.

Concentration

The third requisite of a CDSS is the concentration of emotionally disturbed youth in educational settings. These students will be placed in educational settings which differ significantly from each other and which are designed for specific outcomes. These educational settings range from vocational programs in residential care schools and hospitals to complete integration into vocational programs in regular schools. The concentration of emotionally disturbed youth in any particular educational setting is generally contingent upon the program options available and the severity of the condition manifested by the student.

A question is usually asked prior to a decision on placement in vocational education programs. Is the student capable of being integrated full-time, part-time, or not at all in a given vocational program? Most professionals who work with emotionally disturbed youth would agree that a variety of placement options are needed to better serve this very diverse population. In all cases we must look at the most productive educational setting in the least restrictive vocational environment.

Feedback

The fourth requisite of a CDSS is a feedback mechanism which allows each element of the system to understand its impact upon the total system. For example, the personnel responsible for counseling and training the student to develop appropriate socially acceptable behaviors, coping skills, and general emotional adjustment must monitor, provide information to, and stimulate the vocational education personnel to assist them in their role in the overall program. The vocational educator must provide feedback to the personnel responsible for developing these skills as well as comply with the plan developed for the student when that student is in the vocational program.

Adherence to these four areas—parallelism, coordination, concentration, and feedback—will prevent a "jackal effect" from occurring. The jackal effect occurs when each professional or group "takes a piece" of the individual, provides their particular service, by chewing that piece of the individual, regurgitating that same individual, and then passing him or her on to the next professional without coordination or feedback.

Curriculum Adjustments

For students classified as emotionally disturbed to be successful in vocational education, several adjustments must be made to the curriculum and overall institutional routine. Some of these adjustments are:

—Inservice education of all personnel involved with the student.

—Individualization of instruction.

—Flexible scheduling.

—Additional time for the student to complete assignments and develop vocational skills.

—Follow-along personnel to tutor and assist the student in adjusting.

—Special education consultants to the vocational educator.

—Orientation periods during the academic year and special summer programs so the student can get a feel for vocational education and the vocational educator for them.

—Modification of textbook, technical manual content, instruction, machinery, equipment, or methods.

—Peer tutoring, buddy systems, programmed learning, mini-courses, instructional packages.

—Extended school day and year programs, evening and weekend courses.

—Extensive use of audiovisual equipment and materials, e.g., movies, overhead projectors, filmstrips, cassette slide projectors, video taping, television, radio, record players, cassette tape recorders, opaque projectors, tutorgram.

—Alternate grading and testing procedures.

In addition to institutional routine and curriculum adjustments, a variety of placement options must be available in the institutions serving emotionally disturbed youth to guarantee least restrictive placement for the student. Davis and Ward (n.d.) listed alternative placements which must be available to implement individualized education programs for handicapped students in vocational education. Examples of placement settings which they listed were:

Placement in regular vocational classroom with:

Consultative assistance for teacher.
Provision of direct services to students by itinerant specialists.
Resource room help for students.

Placement in separate vocational classroom:

Student is in regular class part-time.
Self-contained class in regular educational facility.
Self-contained class in special educational facility.

Placement in sheltered environment:

Residential.
Hospital.
Other institution.
Sheltered workshop.
Work activities center.

Placement in work study or cooperative education program.

Homebound instruction. (p. 42)

An example of one area vocational education school's placement options was reported by Linari in 1974.

Full-time programming at the vocational/technical facility with resource assistance as required.

Cooperative education at the vocational/technical facility with work arrangements for seniors.

One-half day at the vocational/technical facility and one-half day in public school.

One- or two-year training programs at the vocational/technical facility.

Prevocational experience arrangements for eighth and/or ninth grade students on a part-time basis for exploration purposes.

After-school training programs at the vocational/technical facility with academic instruction at the area public schools.

Satellite-community programs in which students participate in community-based vocational instruction and receive limited academic work at the vocational/ technical facility.

Substantially separate programs at the vocational/technical facility.

Students who remain unserved by the vocational/technical facility should receive vocational education through other options made available by the home school.

Vocational education teachers who have emotionally disturbed students enrolled in their vocational classes must be able to perform a variety of tasks to insure the appropriate delivery of services to these students. A recent General Accounting Office (1976) report reveals that in 78% of the school districts sampled nationally, vocational educators were insufficiently trained in special education skills. Only 2% of the school districts reported that nearly all of their vocational staff (81% —100%) were sufficiently trained. Phelps and Clark (1977) list the 12 highest ranked tasks, of 49 ranked tasks, from a national study, that vocational education special needs teachers must perform to be effective with special needs students, among which are emotionally disturbed youth. These tasks ranked highest by respondents were:

1. Identify instructional techniques appropriate for special needs learners.
2. Provide reinforcement for learning.
3. Evaluate and upgrade the effectiveness of instruction.
4. Analyze students' occupational interests.
5. Plan a sequence of modules or units of instruction according to the learner's needs.
6. Coordinate with instructional planning in academic areas for students with learning problems (reading, math, and other academic areas required for graduation).
7. Develop instructional materials for special needs learners.
8. Provide career counseling and guidance.

9. Select or modify instructional materials appropriate for different special needs learners.
10. Develop individual student performance goals and objectives.
11. Collaborate with other educators, specialists, and parents in evaluating the learner's educational needs.
12. Identify available assessment instruments appropriate for special needs learners. (p. 43)

Special and vocational educators working collaboratively in a CDSS must at least have an understanding of the general structure of the knowledge of each other's discipline, without knowing the details of its application. This would give each group an interpretive knowledge and would enhance the services provided for the student.

New Options

The need for new programmatic options to serve the youth with emotional problems cannot be overlooked in contemporary education. These students who often are difficult to teach and reach may require educational experiences which go beyond those which are presently available in the schools. As professionals we must be creative and pioneer the development of new systems and explore new options.

In their 1976 report, the National Panel on High School and Adolescent Education recommended "that the unattained practice and inadequate concept of the comprehensive high school be replaced with the more practical goal of providing 'comprehensive education' through a variety of means including the schools" (p. 10). Instead of the high school being the sole vehicle for education, the panel encourages community-based government-supported programs which generate resources, provide citizen commitment, and are performance based.

Among the many recommendations made by the panel was the creation of community-based career education centers. Each center would serve as a clearinghouse and vehicle for new forms of community-based vocational education, work experiences, on-the-job-training, job finding resources, and career information activities. To enhance these opportunities for adolescents, the panel urges the removal of those regulations other than minimum wage or safety and health regulations, including tax and insurance penalties, which impede and restrict the employment of adolescents. The panel further recommends that federal and state subsidies for high school vocational classes be made transferable at local options to various on-the-job-training, job placement, and job subsidy programs.

This decentralized approach is not intended to replace the formal education structure at the high school level but rather to provide diverse learning experiences in a given community for students, specifically for those with emotional problems. The panel provides this word of caution to their recommendation:

> For out-of-school learning opportunities to be most educationally significant for their participants, they have to be designed and operated as independent but integral parts of the total educational environment of adolescents. Thus, effective experience-based learning opportunities and programs must operate neither as a replacement for the existing high school nor as a mere adjunct to it. For community-oriented experiences to be viable components of the adolescent education system, the emphasis in their development should be on opening up alternative educational structures and experiences, not on offering diversity for its own sake or as a substitute for structure in general. Such an approach is necessary if out-of-school learning experiences are to be more than game-playing or officially sanctioned truancy. (p. 57)

The panel developed the following matrix of structural components and learning situations for school and community-based collaborative learning experiences (Table 1). Each student would be provided with a personalized series of experiences customized and tailored to meet his or her unique needs.

Maximum use of the school and various career and vocational centers must be available to the student through an extended school day (evenings) and an extended school year (summers). Collaborative efforts in program options with vocational/technical schools and colleges, community colleges, and university-based instructional programs would be a viable addition to the enhancement of vocational opportunities for these youth. Many of these collaborative efforts would be best delivered in evening or summer programs. These efforts would result in a better student orientation and feel for continuing education opportunities.

Conclusion

Although some individuals, especially those disabled early in life, are confronted by lifelong vocational development problems relating to their disabilities, a substantial proportion are handicapped by vocational development discontinuity. In this latter group the onset of the disability slows down development or brings it to a halt while the individual directs almost all of his energies to his illness. The longer the interruption, the more critical will be the long-range vocational problems that face the disabled person. Consequently, vocational education and rehabilitation should be seen as a means through which vocational stimuli and interactions are introduced into a vocationally damaged life in an effort to shorten the period of discontinuity and preserve the individual's links with the world of work.

Table 1[a]

Matrix of Different Experience-Based Learning Situations and Their Various Structural Components

LEARNING SITUATIONS / STRUCTURAL COMPONENTS	Regular Jobs	Community Service Activities	Schools-Without-Walls	Internships in Public Agencies	Apprenticeships	Artistic Performance Opportunities	'Action Learning' (with associated academic study)	Public Action Activities	Curriculum-Based Learning Projects Involving Concrete Experiences	Structuring Experience-Based Learning Opportunities for Other Youth
1. PAYMENT										
a. No pay										
b. Partial or subsidized payment										
c. Full payment										
2. ADMINISTRAT!VE SUPERVISION										
a. Full school supervision										
b. Joint institutional supervision										
c. Full supervision by non-school institution										
3. FUNDING SOURCE										
a. School										
b. Joint institutional funding										
c Non-school institution										

[a] The Final Report—The Education of Adolescents, 1976.

4. ACADEMIC CREDIT									
a. Full credit									
b. Partial credit									
c. No credit									
5. AMOUNT OF PARTICIPANT INVOLVEMENT									
a. Part-time									
b. Full-time									
6. DEGREE OF PROGRAM AUTONOMY									
a. Integrated with academic curriculum									
b. Related to academic curriculum									
c. Independent of academic curriculum									
7. PROGRAM CONTROL									
a. Student-controlled									
b. Joint student-adult controlled									
c. Adult-controlled									
8. PROGRAM IDENTIFICATION									
a. Participant identification with and responsibilities to the program itself									

(cont.)

Table 1 (cont.)

STRUCTURAL COMPONENTS / LEARNING SITUATIONS	Regular Jobs	Community Service Activities	Schools-Without-Walls	Internships in Public Agencies	Apprenticeships	Artistic Performance Opportunities	Action Learning (with associated academic study)	Public Action Activities	Curriculum-Based Learning Projects Involving Concrete Experiences	Structuring Experience-Based Learning Opportunities for Other Youth
8. PROGRAM IDENTIFICATION (cont.)										
b. Participant has no special status in the non-school setting which derives from the program										
9. PROGRAM PATTERNING										
a. A general program model										
b. Each experience individually negotiated										
10. CROSS-CULTURAL EMPHASIS										
a. Efforts to provide participants with such contacts										
b. No particular efforts										
11. PERSONAL REFLECTION OPPORTUNITIES										
a. Provision of opportunities for participant reflection on the experience									(p. 54-56)	

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Programming for the Emotionally Disturbed Youth with Communication Disorders

Dolores Kluppel Vetter

The period of adolescence has the potential of being one of the most traumatic for individual growth and maturation. It is a tumultuous time of changing individual and societal values. For youngsters at risk for social-emotional disturbances, a major factor is the adequacy with which they can communicate and how well they understand messages from others.

In addition to the problems of simply representing a message accurately using language, it is necessary that the communication be delivered with appropriate pragmatic or functional language skills. The so-called "double message" can be difficult for persons not at risk; for those less fortunate the consequences may be devastating.

During the normal developmental process the adolescent's communication channels need to be maintained among close family and friends, and need to be developed in new ways among like- and opposite-sex peers. The normal teenager is expected to master and maintain communication between himself or herself and teachers, authority figures of various sorts, and many others in changing interpersonal relationships.

The development of oral language which starts at approximately 18 months of age (Bloom, 1973; Brown, 1973) and is still developing at age 12 to 14 years (Palermo & Molfese, 1972) contributes to the overall stress of the adolescent years. Adults in interaction with a normal adolescent may indicate that social skills and cognitive awareness are at variance with adult expectations. When the adolescent in question has additional social/emotional problems, the discrepancy between expectations and performance may be even greater.

Nature of Communication

Oral Language

Effective communication is made up of a number of different parameters. Formal communication may be written or spoken, and it may be accompanied by formal signs, or finger spelling, informal gestures, affective facial expressions, and/or other body language (Wood, 1976). The major thrust of research investigations for the last 15 years or so has been on the comprehension and production of oral language. Specifically researchers have been interested in characteristics of speech (e.g., voice quality and intensity, fluency) and of language (e.g., semantics and syntax).

Research has indicated that oral language is a composite of interacting rule-governed systems. It seems that young children start out using a limited number of semantic relations regardless of their native language (Bowerman, 1973; Brown, 1973; Retherford, Schwartz, & Chapman, 1977; Schwartz, 1978). As children mature, cognitive abilities increase, and they are exposed to more of the language. They continue to acquire rules of syntax and more complex semantic relations. Continued use of oral language in social interactions allows normal children a check on their knowledge of the language and the effectiveness with which they are communicating.

Pragmatics

The functional use of language as a topic of research has been subjected to new and more aggressive study in the past several years. Much of the interest has occurred because it has become obvious that restricting the study of oral language to phonology, semantics, and syntax is inadequate to describe how people communicate. It is not sufficient to study the structure of language; one must study function as well. A number of theorists and researchers (Bates, 1976; Bruner, 1975; Dore, 1974; Dore, 1975; Moerk, 1977; Wood, 1976) started to look at ways of describing how people made language work for them: how they got their needs met; how they were polite; how they continued a conversation.

The clinical value of pragmatics of communication has come about because of the importance that teachers and clinicians have placed upon teaching an individual functional language. In prior years remediation might have focused on teaching isolated phonemes (i.e., speech sounds); now it is much more common to see therapy concerned with teaching language that has value and use for the individual.

Interaction of Form and Function

Current theoretical and research literature has found it difficult to specify exactly what part of a communicative event can be said to be strictly form or structure and what part is singularly function. The extremely vital interaction between the way in which something is said—the choice of words, the grammar, the intonation, the emphasis or stress, and the effect it has on a listener—are inextricably interwoven one with the other. Attempts to understand how a message is formulated and perceived must continue. Further information in this area of research is essential for work we might wish to undertake with emotionally disturbed adolescents.

Communication Behaviors in the Emotionally Disturbed Youth

Before any remediation program can be planned, it is necessary for the teacher/clinician to evaluate the communicative abilities, both receptive and expressive, of the emotionally disturbed adolescent. The findings of the evaluation focus attention on specific communicative deficits.

It is not within the purview of this paper to describe in detail the communicative behaviors to be found in emotionally disturbed adolescents. Suffice it to say that, in addition to the very large number of studies reporting specific communication behaviors in the emotionally disturbed population, there are also several general reviews (Baltaxe & Simmons, 1975; Hicks, 1972; Simmons & Baltaxe, 1975). The literature reports articulation errors; "flat," "wooden," or sing-song inflection, and disorders of voice (Goldfarb, Goldfarb, Braunstein, & Scholl, 1972; Rutter, 1970). The characteristics of the language produced by emotionally disturbed youth can encompass a range from mutism (Hermelin & O'Connor, 1970) to echolalic productions (Fay, 1969) to productions adequate in syntax and semantic content, but inappropriate to the social situation (Baltaxe & Simmons, 1975).

Basic Principles of Programming

The principles basic to programming for children and adolescents with severe behavior disorders are the same principles recognized as essential for optimizing any learning situation (Kluppel, 1972). After all, the task for the youngster is that of learning formally the communication skills that have not been acquired from exposure and informal interactions. The factors for the teacher/clinician to control are: (a) interest or motivation of the adolescent, (b) attending behaviors, (c) the stimulus environment, (d) appropriate responses, and (e) reinforcement and feedback. It is possible for learning to take place with one or another of these factors missing; however, an optimal learning experience is better ensured through the careful monitoring and control of each of these factors.

Motivation

Motivation to acquire good communication skills may be one of the most difficult of the learning variables to ensure. By the very nature of communication the interaction requires at least one other individual. For a teenager with social-emotional problems it may be necessary to start language training before requiring a social interaction. That is, it may be necessary to teach the adolescent why clear, straightforward messages are necessary and why they are worth the effort involved.

For those emotionally disturbed teenagers who are nonverbal, oral language may not be an appropriate goal. Motivation for communication may be greater using formal signs and finger-spelling or even through the use of communication boards for social interaction.

Attention

The second factor of concern in optimizing the learning environment is attention. In addition to the general difficulty that many youngsters have in focusing attention, it may also be the case that the emotionally disturbed youth "tunes out" or withdraws from social situations which are uncomfortable or in which he or she feels awkward. The social cues which aid the normal adolescent in functional communication are not noticed and therefore do not assist the teenager with severe behavior disorders.

Another problem of attention occurs when the individual is unable to inhibit attending responses to environmental or internal stimuli. This situation is frequently demonstrated by the extremely active youngster who notices and responds to almost everything. Medication is often prescribed to aid in behavior control. Overall it is probably more facilitating to help the teenager learn to control attention rather than to rely upon medication.

The role of attention in any kind of learning cannot be overemphasized. Without attending, or orienting, toward the primary stimulus, and inhibiting responses toward competing stimuli, learning is not likely to take place (Underwood, 1976).

Stimuli and Responses

Choice of the appropriate stimuli or the stimulus environment must reflect knowledge of the emotionally disturbed youth's interests and motivations and the level of cognitive, intellectual, and social functioning available to him or her.

In a communicative interaction a stimulus frequently determines the nature and structure of the linguistic response. For example, if the teacher/clinician asks a question starting with the word, "what," the response is likely to be a noun phrase. If a question starting with the verb, "to be," is asked, the response will be "yes" or "no." Discussion and training should initially allow the emotionally disturbed adolescent to use several responses, any of which are appropriate. The teacher/clinician would have to choose verbal stimuli which did not severely constrain the type of response. At the same time the program should be planned to pattern the behavior of the emotionally disturbed youth into making correct responses to stimuli carrying more and more linguistic restrictions.

Another aspect of stimulus restriction is best demonstrated in a sequence of connected discourse. To the stimulus "This is my dog," the disturbed youth may need to be taught that a reply of the form, "What's your dog's name?" or "What type of a dog is it?" would be more appropriate than "We had rice pudding for lunch today." In other words, one of the training goals should be to help the emotionally disturbed adolescent understand that in order to maintain a conversation and social interaction it is necessary to stay on topic for a turn or two before initiating a new topic.

When the stimulus environment does not directly determine the kind of response that should follow, instructions may be necessary. The language of instruction should be analyzed very carefully by the teacher/clinician. Language level for both vocabulary and grammar should be controlled to be consistent with the comprehension abilities of the adolescent.

Consideration must also be given to the required response. Does responding require oral language that is more complex than the emotionally disturbed youth is capable of producing? Do the teenager's cognitive abilities restrict his or her even being able to think about what is required? Is a motor response or gesture within the adolescent's repertoire of responses? All of these should be potential concerns of program planning.

Reinforcement

The last factor, reinforcement or knowledge of results, has to be one of the most important in the whole optimizing procedure. It is necessary that reinforcement feed back to the initial motivation of the individual. Knowledge of how correct the response was, or why it was incorrect, must be provided to the youngster. The whole learning procedure should be tied together by reinforcement and feedback. There should be a logical relationship between the interests and motivation of the adolescent, the choice of information to which attention is directed, the stimulus materials and responses required, and the feedback provided.

A fairly routine conceptualization of reinforcement has included candy of various sorts, pretzels, check marks, gold stars, and privileges. Certainly these are the reinforcements of choice if they are the only things that are reinforcing for the child, but optimally feedback should be more related to the task at hand than those reinforcers usually are.

There is also a common fallacy that knowledge of incorrect responses will do damage to the normal, as well as emotionally disturbed, child or adolescent. It should be noted that knowledge of results does not have to be punitive. Information about why a response was not correct, or how the response might be modified, may be interpreted as honesty, caring, and concern, particularly by those emotionally disturbed adolescents who are testing and are aware of the potential "game playing" of some adults. Although the means of providing knowledge of results may vary from individual to individual, it is a vital component of the remediation process.

Specific Programming Variables

The variables relevant to all remediation program planning are listed in Table 1. They are organized under three general categories: variables related to the person, those related to the materials or tasks, and those related to the situation. There is very obvious and necessary interaction among the variables in these three categories. The redundancy allows for cross-validation of the adequacy of the program design.

Child-Adolescent Variables

Demographic variables. Age, race and/or ethnic heritage and sex are the most frequently designated factors for consideration in assessment and remediation. They are relevant when choices of materials or tasks are made. They aid in making choices for optimizing motivation and attention. Discrepancies between chronological age and cognitive/intellectual abilities provide information on appropriate expectations in the treatment program.

Medical information. Although a wealth of information may be available for perusal, the factors of most importance to programming are those concerning current illnesses or disease processes, medications routinely used, and whether or not chemical dependency is a problem. It is very difficult to arrange for optimal

Table 1

Specific Variables for Program Planning

I. CHILD/ADOLESCENT VARIABLES	II. MATERIAL/TASK VARIABLES	III. SITUATIONAL VARIABLES
A. Age	A. Stimulus materials	A. Time of day
B. Race/ethnic background	B. Response of choice	B. Length of each session
C. Sex	C. Criteria for modification or termination of program	C. Length of total program
D. Medical information		D. Frequency of sessions
E. Sensory input integrity		E. Group, individual or combined sessions
F. Perceptual adequacy		F. Knowledge of results
G. Intellectual potential		G. Criteria for modification or termination of program
H. Cognitive abilities		
I. Linguistic abilities		
J. Social development		
K. Response capabilities		
L. Specific interests		

learning if the teenager is asleep or nearly so. It is equally difficult to ensure attention if the adolescent is hyperactive; seizuring behavior frequently is associated with setbacks in learning. A better program can be planned when the physical state and capabilities of the youngster are taken into account.

Sensory information. All youngsters with special needs should have had evaluations of their sensory systems. If hearing or vision is deficient, appropriate fitting of hearing aids or glasses should take place prior to starting the remediation program. Placement in classrooms, amplification of the instructions of teachers/clinicians, and any other means of augmenting sensory systems must be considered.

Perceptual information. A number of perceptual abilities of the adolescent should be taken into account in program planning. The ability to attend to auditory, visual, and tactile stimuli, as well as the ability to inhibit responses to those stimuli, is basic to the learning situation. Other factors like discrimination, short- and long-term memory, and distinction of figure-ground relationships should be considered as well. It may be appropriate to plan the remediation program using only auditory, visual, or tactile input, since there is some evidence that multisensory stimulation may produce confusion in the emotionally disturbed person. Arguments about teaching to strengths or to weaknesses abound in the literature. The teacher/clinician is in the best position to determine what is appropriate for the specific individual.

Intellectual development. Scores on a standard intelligence test are likely to be available for every adolescent with special needs. Information about performance on the various subtests may be of more value in program planning than the composite intelligence quotient.

Cognition. There are three general characteristics which may be helpful in establishing the cognitive functioning of the emotionally disturbed adolescent: concept development, mental operations, and thought. Each of these progresses through developmental changes. The level of conceptual development can be established through evaluations of the adolescent's performance on classification, seriation, and conservation tasks and in his or her knowledge of time, space, and causality. Mental operations are the way the individual acts on and organizes what is "known." These can be seen in the mental manipulations of identity, negation, reciprocation, and operations on operations (Flavell, 1965). Thought implies the ability to allow one symbol to represent another. At its highest level, hypothesis testing and problem solving are found.

A relationship between languages and cognition has been proposed by a number of theorists (Vygotsky, 1962; Cromer, 1976). The most reasonable position at this time appears to be Cromer's "weak cognitive hypothesis": i.e., some degree of cognition is necessary, but not sufficient, for language to be acquired.

In developing a remediation program for the disturbed adolescent, the cognitive abilities of the person must be considered. If cognitive abilities are poor, it is not reasonable to expect sophisticated and complex linguistic production, or to expect that the person is going to understand such productions from others. For example, the person whose concept of time is not well developed is likely to have problems with verb tenses in both comprehension and production. Another way of saying this is that people usually talk about things they know.

Linguistic development. Research in linguistic development generally identifies two types of processes: comprehension and production. Comprehension of language is the ability to understand an utterance produced by another speaker. Production is the formulation and production of a message for someone else to interpret. In general the rule systems of phonology, morphology, semantics, and syntax are seen as being used in both comprehension and production. Normally it is expected that youngsters have acquired the speech sounds and rules for combination by age 8 years (Sander, 1972). Knowledge of the rules for forming plurals, possessives, and past tense markers are also well developed at this time (Berko, 1958). Rules involving semantics and syntax may continue to be acquired well into high school. For example, the word "or" is interpreted as "and" by some high school students (Neimark, 1970). That continuing linguistic development can be seen in high school students comes as a surprise to many professionals working with adolescents.

A number of authors (Dale, 1976; deVilliers & deVilliers, 1978; Palermo & Molfese, 1972) have synthesized the literature on the normal language acquisition process, and others have reviewed communication behaviors in psychotic children (Baltaxe & Simmons, 1975; Hicks, 1972; Simmons & Baltaxe, 1975). The teacher/clinician planning a remediation program needs knowledge of what the normal target behavior should be, as well as what might be expected from adolescents with severe behavior disorders (Miller & Yoder, 1974).

Pragmatics of communication and social development. Depressed or inappropriate social behaviors in psychotic youngsters have been noted by many investigators (Aug & Ables, 1971; Hicks, 1972; Wing, 1978). The question has been asked as to whether language disabilities precede the problem in social interactions or if they are a result of them. Regardless of the causal factor, language appropriate to the social context should be one goal of the treatment program. Increased skills in this area can do a tremendous amount of good for the emotionally disturbed youth, since they reduce differences between the emotionally disturbed and the normal adolescent. For reference, Bates (1976) and Moerk (1977) present information on the normal course of development of pragmatics, and Wiig and Semel (1976) devote considerable space in their book to a discussion of social perception as a language skill. A developmental approach to interpersonal awareness is contained in a paper by Selman and Jaquett (1978).

Response capabilities. The teacher/clinician must evaluate the adolescent's ability to respond. Oral, written, gesture, or other motor responses should be considered. Physical or psychological limitations to responding should be noted. The type of materials and tasks that are being planned will, in part, determine the choice of response so that there is an interaction between the response and the stimulus.

Specific interests. Whenever it is possible, interests of the adolescent should be considered. Motivation of the youth in the learning situation is of paramount importance (Kluppel, 1972). Knowledge of the person's interests may be helpful in making decisions about specific materials or tasks. Basic communication skills can be taught in almost every conceivable situation, so that there is every reason to take advantage of inherent motivation.

Material-Task Variables

Stimulus materials. The choice of activities and stimulus materials must be appropriate to the adolescent's chronological and mental age, cultural background, cognitive and perceptual abilities, and linguistic level. In addition, motivation and interest value of the stimuli must be considered.

Responses. The choice of a response should be dependent upon the youngster's physical, cognitive, and linguistic abilities. In addition, it should provide a clear indication to the teacher/clinician of how well the youth is learning. A major factor in any remediation procedure is in knowing when to modify or terminate the program (Miller & Yoder, 1974). The adolescent's responses must provide direct and interpretable information (feedback) to the teacher/clinician on the adequacy of the program.

Modification or termination of the remediation program. It is essential for the teacher/clinician to specify at the outset the behaviors to be taught to the severely disturbed adolescent. There should be no doubt about whether the youngster is learning or not. Specific criteria for correct performance should allow the teacher/clinician to determine the efficacy of the remediation program at any point in it. If the adolescent is not learning, then an analysis of the problem should reveal whether (a) the youth does not understand the instructions; (b) the stimulus materials and tasks are too difficult; (c) the adolescent cannot or will not produce the response; or (d) there is no clear-cut feedback about the correctness of the response.

If the adolescent has learned the desired behavior or information, the teacher/clinician can then plan for carryover to new situations and for termination when the program has had its desired effects.

Situational Variables

Part of the decision making in program planning has to do with how and when the remediation process is to occur. Ideally a program should be ongoing all of the time. This is not always possible, but the closer it comes, the better.

When sessions have to be scheduled, length of session, frequency of session, and length of total program should be considered. Some programs that might be planned will require one-to-one interaction; others require groups of youngsters. The teacher/clinician should review the characteristics of each adolescent, and his or her particular needs, to determine if one or the other, or both, would be more suitable. Some of these decisions will be determined by the special services available (Marge, 1972) as well as the caseload of the teacher/clinician involved. Adults do not like to accept the idea that financial contingencies frequently govern services provided, but they do. Therefore, it is better to plan a program with external factors in mind than to ignore them in the hope that they will go away.

Knowledge of results. It is extremely difficult to learn when no information is given about the adequacy of responses. Information about a correct response and why and how a response is incorrect is invaluable to the learner. In addition, the closer in time that feedback is given, the more useful it is. The teacher/clinician should plan the remediation program so that feedback is immediate and automatic. Communication in a social context routinely provides information to the speaker and listener as they change roles during discourse. This situational factor may be easily exploited by the teacher/clinician in planning a program.

Termination of the program. If criterion behaviors have been established by the teacher/clinician at the outset, then it will be straightforward to determine what progress the youngster has made. With the system of checks and balances that all remediation programs require, appropriate modifications will have been made to insure the progress of the youngster.

Summary

The ultimate goal of the remediation program is to have each severely disturbed youth reach the point where communication and social interactions are functional. It has been suggested that there are several major factors useful in optimizing the learning situation, and a relatively detailed set of specific variables was discussed. Individual programming is essential if the goal of remedial education is to maximize each person's potential.

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Curriculum for the Gifted Child Who is Emotionally Disturbed: An Intervention Approach

John A. Grossi

Historically, each population of exceptional children has had to strive for the right to receive an education appropriate to its unique educational needs. The gifted and talented, a group of approximately four million children and youth in the U.S., have been the last to benefit from this right.

The first major attempt on the part of the federal government to initiate legislation for the gifted began in 1958. America's self-image had been damaged by the launching of the Soviet satellite, Sputnik, and public education had become the scapegoat for our losing the race for space. Fear of Russian technological domination generated a national reaction and demand for programs which would enable us to catch up with the Soviets. In response, Congress hastily passed two measures—the National Defense Educational Act and the National Science Foundation Program—to provide financial assistance to state and local educational agencies. Using these monies, public schools created a number of educational programs and strategies to help meet the unique needs of their gifted and talented students. Among these were included the establishment of honors classes, innovative science and math curricula, early admissions to colleges, enrichment courses, and accelerated learning programs.

The impact of such programs, however, was at best minimal and short-lived, for within the next few years, public attention dramatically shifted from the gifted and talented to the disadvantaged and impoverished. This shift in priorities had a number of profound implications for state and federal agencies dealing with the gifted. First, without public support, many state and local statutes concerning the gifted never were implemented totally. Other laws were simply forgotten. Secondly, this shift in priorities resulted in a proportion of federal expenditures, intended to help stimulate the development of gifted programs, being spent upon services which would benefit other types of students as well. "Gifted monies" thus were spent upon such things as more guidance counselors, additional audiovisual equipment, and supplementary local school personnel. In summary, national concern for the gifted lessened. The public turned its attention to what it perceived to be more pressing issues, and unfortunately for our gifted and talented students, it insisted that its federal government do likewise.

The second attempt by Congress to convey its concern for the gifted and talented came in 1969 when it passed Public Law 91-230 (Amendments to the Elementary and Secondary Education Act). A basic intent of this law was to demonstrate Congressional desire that gifted and talented students benefit from existing federal legislation. Among the ways to accomplish this, PL 91-230 suggested, was that state and local educational agencies could use their Title III funds to purchase items such as advanced science or foreign language equipment, or that they could hire part-time teachers and other qualified persons to conduct special classes in the arts or in music Furthermore, the act suggested that local schools could use their Title V monies to hire consultants, coordinators, or technical advisors to assist the implementation of new programs and services for this population. In addition to such monetary suggestions, PL 91-230 further demonstrated federal concern for gifted and talented students by directing the U.S. Commissioner of Education, Sidney Marland, to conduct a national study to identify the specific needs of the gifted population and to suggest ways in which the federal government might best appropriate its resources to meet these needs.

On Oct. 6, 1971, Commissioner Marland submitted to Congress an assessment of the status of gifted and talented education. The Commissioner noted: (a) Only a relatively small percentage of the nation's gifted and talented children were actually benefiting from existing educational services; (b) gifted educational services had a low priority at virtually all levels of government and school administration; and (c) very little was actually being accomplished in the field of gifted and talented education because of more pressing funding priorities, other more threatening crises, and the absence of adequately trained personnel.

Conclusions regarding the use and impact of federal assistance to stimulate the development of new programs were equally depressing. The study found, for example, that less than 15% of the states utilized any of their Title I funds to identify or to develop special programs to meet the needs of gifted and talented youngsters from deprived areas. In addition, only 20% of the states had used Title III monies for programs or services directed at the gifted and talented, while only nine of the states had utilized Title V monies to strengthen their programs for these students.

The implications of the Marland Report were clear—efforts to stimulate the development of gifted and talented programs through the use of unspecified federal appropriations were not directly benefiting gifted children. A new method was needed by which federal assistance and appropriations could directly reach gifted students and those agencies most concerned with their education.

In 1974, Congress found such a way. Section 404 of Public Law 93-380 (Amendments to the Elementary and Secondary Education Act) enabled gifted and talented education, for the first time, to become a direct recipient of federal funds and assistance. Congress authorized a yearly appropriation of $2.56 million and provided the statutory base and support for the following activities.

1. **An administrative unit within the U.S. Office of Education.**
The Office of Gifted and Talented was created in 1972 and housed within the

Bureau of Education for the Handicapped to facilitate, coordinate, and monitor activities and programs dealing with the education of gifted and talented students.

2. **The creation of a National Clearinghouse for the Gifted and Talented.** A national information clearinghouse was funded to develop and disseminate information pertaining to the education of the gifted and talented and was housed within the Council for Exceptional Children in Reston, Va.

3. **Grants to state and local educational agencies.**
A. Grants totaling $1.5 million were issued for fiscal year 1976-77 to state agencies or consortia. The primary purpose of these grants was to "assist (state agencies) in planning, establishing, and operating programs or projects. . . designed to have state-wide impact in identifying and meeting the special educational and related needs of the gifted and talented."

Activities which were funded under this subpart of 93-380 include the development of: state-wide projects and programs, teacher training programs, and local programs which might easily be replicated by other educational agencies within the state.

B. A total of $250,000 was awarded to 18 individual local educational agencies with priority given to programs or projects in which the applicant had demonstrated a significant potential for replicability; or which would best serve as a catalyst or stimulus for other programs, projects, or activities to meet the needs of the gifted and talented in areas, regions, or states lacking programs or services to meet these needs.

4. **Training grants, research, and model projects.**
A. $425,000 was authorized to assist programs involving specialized or intensive training for leadership personnel in the education of gifted and talented children and youth. Within this broad categorization, three subdivisions were defined to include: (a) the development of graduate training programs for leadership personnel; (b) the establishment and operation of a leadership training institute; and (c) the creation of a variety of internships at local, state, and federal levels to train leaders or potential leaders in the education of the gifted and talented.

B. Approximately $250,000 was authorized for the development of contracts with public and private agencies and organizations to establish and operate model projects targeted toward a special category of the gifted and talented. Six such model projects were funded, and targeted toward the areas of the Exceptional Disadvantaged, Early Childhood, Sparsely Populated Areas, Creativity, Community-Based Mentor Services and the Handicapped Gifted.

5. **Grants for specific products.**
$116,120 was authorized for the development of specific products dealing with the gifted and talented. A contract specifying those products of major need was awarded to the Council for Exceptional Children in Reston, Va. The products developed addressed all aspects of the gifted and talented, and their subgroups,

and were developed for use by professionals, teachers, administrators, parents, and others interested in the education of this population.

This pattern of funding remained effective until November 1978, when President Carter signed Public Law 95-561, the Elementary and Secondary Education Act of 1978. Title IX of this law, "The Gifted and Talented Children's Education Act," contains the most current legislation for the gifted and talented. In addition to new funding authorizations, this act also reflects the current thrust of the education of the gifted and talented by giving more emphasis to local districts and gifted and talented children from economically disadvantaged populations.

Throughout this federal, state and local activity, increased attention has been given to a unique population of exceptional children, the gifted-handicapped. According to Maker (1976), the gifted-handicapped are:

> Persons of outstanding ability or potential who are capable of high performance, despite handicaps such as visual, hearing, or orthopedic impairments; emotional disturbances; or learning disabilities. They require special educational programs beyond those normally provided by the regular school program which take both their giftedness and talent and their handicap into account.

In 1975, the Bureau of Education for the Handicapped (BEH) took a first step in the exploration of the gifted-handicapped by awarding two separate (one local, one university) model demonstration projects designed to develop methods and materials to serve preschool gifted-handicapped children and their families. It was anticipated that both projects would follow the expected BEH six-year funding cycle, three years demonstration, three years outreach. In 1976, the Office of Gifted and Talented (OGT) made a similar award to a local education agency and in 1977 added three new gifted-handicapped projects to its cadre of special interest awards.

In 1975, The Association for the Gifted (TAG), the largest advocate organization for the gifted and talented, appointed a committee to investigate the gifted-handicapped. That same year, this committee sponsored the first national topical conference on the gifted-handicapped and in 1976 repeated this activity. From that time to the present, this committee continues to undertake activities aimed at sensitizing people to the educational needs of the gifted-handicapped. In addition, it encourages national, state and local agencies and individuals to recognize this population of exceptional children and strive to improve those educational services available to them.

One segment of the gifted-handicapped population that has always seemed unique to the education community is that of the emotionally disturbed-gifted child. While the causes for a child's emotional disturbance may be many and varied, special consideration should be given to that child's academic curriculum as both a cause and a prevention of a number of emotional problems experienced by intellectually gifted children.

According to Kough and DeHaan (1955), an intellectually gifted child possesses the following characteristics:

- learns rapidly and easily.
- uses a lot of common sense and practical knowledge.
- reasons things out, thinks clearly, recognizes relationships and comprehensive meanings.
- retains what he has heard or read without much drill.
- knows about many things of which other children are unaware.
- uses a larger number of words easily and accurately.
- can read books that are one or two years in advance of the rest of the class.
- performs difficult mental tasks.
- asks many questions, is interested in a wide range of things.
- does some academic work one or two years in advance of the class.
- is original, uses good but unusual methods or ideas.
- is alert, keenly observant, responds quickly.

With these behaviors, it is often difficult for a gifted child to perform to the level of his ability given the sometimes sterile, often inappropriate educational offerings of our public schools. Consider the following:

A teacher in a typical classroom situation has a minimum of 20 children to educate. Within that group, there are those children who are operating below, on, and above grade level. Given the heterogenous composition of the group, many teachers, attempting to meet the needs of all children, present concepts to accommodate those children operating in the lowest ability range.

While the intentions of the teacher are good and the needs of those children obviously in jeopardy are very probably being met, there is still a segment of the class (the gifted) that is being neglected. In this situation, children with substantially higher cognitive abilities have had to sit through lessons targeted at their less able peers. If the preceding list of characteristics is to be believed, the gifted children have spent the majority of lessons involved in rote activities, as they were able to grasp the concept(s) presented sooner than many of their classmates, resulting in boredom, frustration, and inappropriate behavior. According to Gowan (1957) repetition of these experiences results in the gifted child running the risk of becoming educationally and/or socially maladjusted which becomes demonstrated in underachievement, delinquency, and emotional disturbance.

As the causes for a child's emotional disturbance are many, so are the cures. However, with the intellectually gifted child, one possible alternative which may be unique to this type of child is that of appropriate curricular introduction and continuity. At this point, the following basic assumptions must be made:

1. The emotionally disturbed gifted and talented child is experiencing those behavior disorders because over a period of time there has been a lack of appropriate educational services.
2. The child has no physical handicaps and/or impairment which may be contributing to his problems.
3. There is a commitment on the part of the school and the home to assist in alleviating some or all of the child's emotional problems.

If the child or children in question meet the established criteria, the introduction and continuation of an appropriate curriculum designed to meet the unique educational needs of intellectually gifted children may be introduced.

The development and implementation of a curriculum which allows gifted students to develop their potential and explore new domains of knowledge is a high priority of this approach. Educators responsible for designing curriculum for the gifted must be well grounded in the special characteristics and abilities of these children in order to devise effective and challenging learning activities that will culminate in a course of study. As such, it includes both the content to be learned and the processes which facilitate that learning. Curriculum is the medium through which learning and behavior normalization occurs.

A curriculum for the emotionally disturbed-intellectually gifted child must be different from other curricula, because the abilities of these children require opportunities which encourage the development of abstract thinking; the sharpening of reasoning abilities; practice in creative problem setting and solving; higher cognitive processing, i.e., analyses, synthesis, and evaluation; and, in the case of particular talents, educational settings which allow them a full range of expression. In addition, curricula for the gifted often include activities which focus on interpretation of material being investigated, summative skills, creativity, divergent thinking, decision making, and independent inquiry.

While instructional units for both the gifted and regular curriculum can be similar, the breadth, depth, and intensity of learning activities within the gifted curriculum mark it as distinctive. These characteristics, activities, and environment are often absent from the educational settings of many able children who are also emotionally disturbed.

The design of an appropriate curriculum for emotionally disturbed gifted children should reflect the input of the child's teacher(s) and parents, as they are the ones who have access to the child in both structured and unstructured situations. However, teachers usually have the lion's share of responsibility for the design and implementation of curriculum for their gifted-emotionally disturbed students. Disturbed students should also share in the responsibility, as such an activity may in fact be therapeutic.

It is important to emphasize that curriculum for these students should not be a predetermined route which all must follow. Curriculum is a framework for individual learning alternatives. As such it should be flexible enough to meet the needs of both pupils and teachers.

The major goal of a curriculum designed for the intellectually gifted-emotionally disturbed student is to provide more opportunity for independent learning. The processes of learning and thinking assume a higher priority than the internalization of information. This emphasis enhances the role of the teacher as a director of learning while diminishing the teacher's role as a conduit for data and reinforcer of appropriate behavior.

Additional consideration in the design of curriculum for the intellectually gifted-emotionally disturbed child is the development of a model which fits the learning modes of each child. It should allow students the opportunity both to create and consume learning as well as offer alternative activities for achieving learning and behavior objectives.

Some of the curriculum alternatives established and successfully used for the gifted which have implications for the intellectually gifted-emotionally disturbed child are:

Subject Skill: A particular domain of knowledge or skill which provides the substance for directing the curriculum, such as scientific research skills which can be applied in many situations.

Core Subject: A generalized theme or topic with broad diverse applications to several subject areas which is used to develop and integrate learning experiences.

Basic Question: An outline of basic questions which formulates the learning experience.

Process: Particular thinking skills which are applied to selected topics or themes.

In summary, it must be clear that there are no assurances that the development, introduction, and implementation of a curriculum designed to meet the unique educational needs of intellectually gifted children will dissipate the problems of those children who in addition to being gifted are also emotionally disturbed. However, all indications are that some of the emotional problems of gifted children may be caused by a lack of appropriate educational programming. Therefore, the possibility is great that providing this intervention will quite possibly eliminate many behavior disorders. One of the problems in the education of all gifted-handicapped is that there is little experience and even less research to indicate if these assumptions are correct. However, through the analysis of past research on the gifted and through the synthesis of that research conducted on the emotionally disturbed, a hypothetical approach with a basis in sound educational practices may be researched.

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Career/Vocational Education for the Handicapped

Merry Maitre

Enrollment in traditional vocational programs, as they exist now, is not the answer to the problem of providing meaningful learning experiences for handicapped persons in the "career/vocational education process."

Although many vocational and vocationally oriented programs exist in the secondary and post-secondary schools, disabled persons have not generally been benefiting from them. For many reasons, the handicapped student has consistently failed in a structure designed for the "average" person. Disabled persons generally require, initially, some modification in the program structure in order to achieve success. Failure to recognize and act upon this one simple fact has contributed substantially to the preparation and development of inadequate programs designed to serve persons who are disabled.

In our long-range planning and implementation of career/vocational education, administrators, teachers, and support personnel need to consider:

1. The level of understanding of the disabled person and the world of work. (Do disabled students even know what is out there prior to "shoving" them into some existing vocational program?)
2. Enrollment in vocational programming for the disabled student has to be done via the staffing process. A very critical part of that process is determining the functioning level of the disabled person. This would not support indiscriminate placement into existing programs based on what is available, but clearly directs matching the student's interests, aptitudes, skills, strengths, and weaknesses with suitable training. That training may or may not be in existing traditional vocational education junior high and high school programs.
3. The developmental/maturational level of the student in the decision-making process is critical to planning. Are high school students, in general or special education, able to understand and make a decision as to whether "this is the direction I need to go—I want to pursue this for my livelihood?" Today's high school students in general have little or no basis for making such decisions, and the school curriculum has not afforded them the opportunity to deal with it under the school's tutelage and support. Do we really need to throw disabled individuals into that modus operandi?

Career exploration at the late junior and early senior high level is extremely important and must be done in a systematic manner for each disabled student. In Iowa, with the implementation of Experience Based Career Education, a systems approach to exploration, we have discovered the possibility of raising expectations of students, teachers, parents, schools, and the community. Through career exploration we have been able to build students' skills in the decision-making process and in long-range planning. The proof of the pudding will be found in the results of Iowa's five-year longitudinal study. Another benefit from this activity is that students are comfortable with exploration for school credit and accept moving toward preparation when they know more about the possibilities that may be available to them in the future. Many of the students have jobs on the side but continue to be active in exploration opportunities during school hours for the expressed purpose of finding out more about the world of work. Through this process of bringing the school and the community together in exploration, I predict we will be better able to prepare disabled persons to determine what is important to them individually, what is possible for them, and the reality of what is probable.

My goal at the Iowa Department of Public Instruction is, through interagency agreements, long-range planning, inservice training, and implementation, to:

> provide for every disabled student in Iowa appropriate training, rehabilitation service, and guidance which will enable the student to develop his/her maximum potential in areas which will directly benefit his/her ability to live a productive and self-sufficient life.

Implementation

I believe the first place to start would be to briefly describe the laws and regulations at the federal and state level which provide the directives that are to be followed so that handicapped persons can receive career/vocational preparation, not only at the elementary and secondary levels, but at the post-secondary level as well.

Federal legislation has been established that seeks to tie legislative directives together as they pertain to handicapped individuals. This effort hopefully provides the structure that will facilitate better utilization of funds, diminish duplication of both funding and service patterns, and direct agencies to cooperate in a joint effort to provide better quality of service. Another important thrust of this legislation is to promote and assure the rights of handicapped persons to a slice of the action—the slice that most of us take for granted. Figure 1 shows the schema of the federal legislation that is having such an impact on what we do in preparing handicapped students for the world of work at the SEA, AEA, and LEA levels.

Because of the legislative directives, education administrators, teachers, and supportive agencies need to cooperatively deal with the question, "How do we provide a continuum of service to prepare handicapped persons career and voationally preschool—post secondary?" The following schema (Figure 2) graphically depicts the continuum of programming that should be available to all

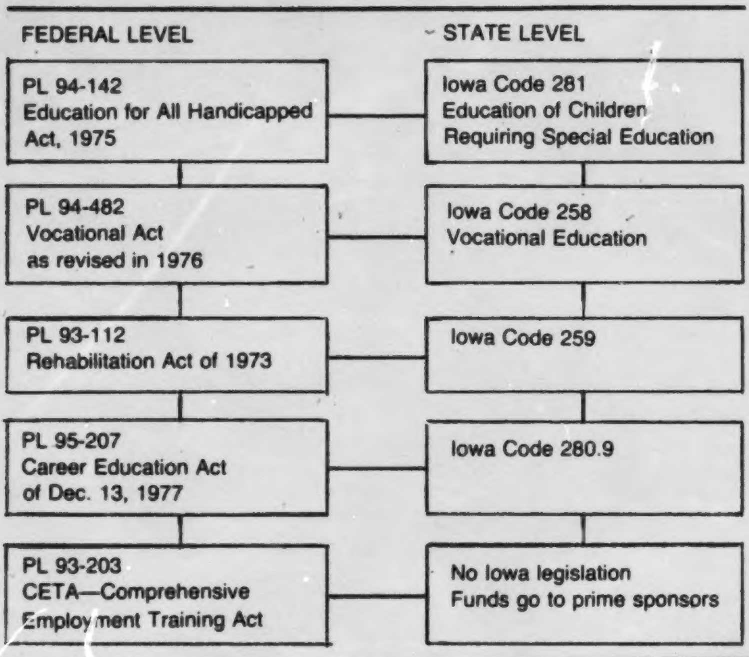
FEDERAL LEVEL
STATE LEVEL
PL 94-142 Education for All Handicapped Act, 1975
Iowa Code 281 Education of Children Requiring Special Education
PL 94-482 Vocational Act as revised in 1976
Iowa Code 258 Vocational Education
PL 93-112 Rehabilitation Act of 1973
Iowa Code 259
PL 95-207 Career Education Act of Dec. 13, 1977
Iowa Code 280.9
PL 93-203 CETA—Comprehensive Employment Training Act
No Iowa legislation Funds go to prime sponsors

Figure 1 Legislation Related to Preparing Handicapped Students for Work

students who are determined "handicapped" via the identification process established in the state of Iowa.

The common sense approach is to plan ahead. The Vocational Education Act requires states to submit five-year plans. Naturally with Iowa's geographic alignment, the SEA then in turn has encouraged the AEA's to do the same.

In planning ahead, we can begin to more adequately appropriate monies; without such a plan, monies may not be used in the most cost efficient and effective fashion.

An advisory council is defined in PL 94-482:

> (g) (1) Each eligible recipient receiving assistance under this Act to operate vocational education programs shall establish an advisory council to provide such agency with advice on current job needs and on the relevancy of courses being offered by such agency in meeting such needs. Such local advisory councils shall be composed of members of the general public, especially of representatives of business, industry, and labor; and such local advisory councils may be established for program areas, schools, communities, or regions, whichever the recipient determines best to meet the needs of that recipient.

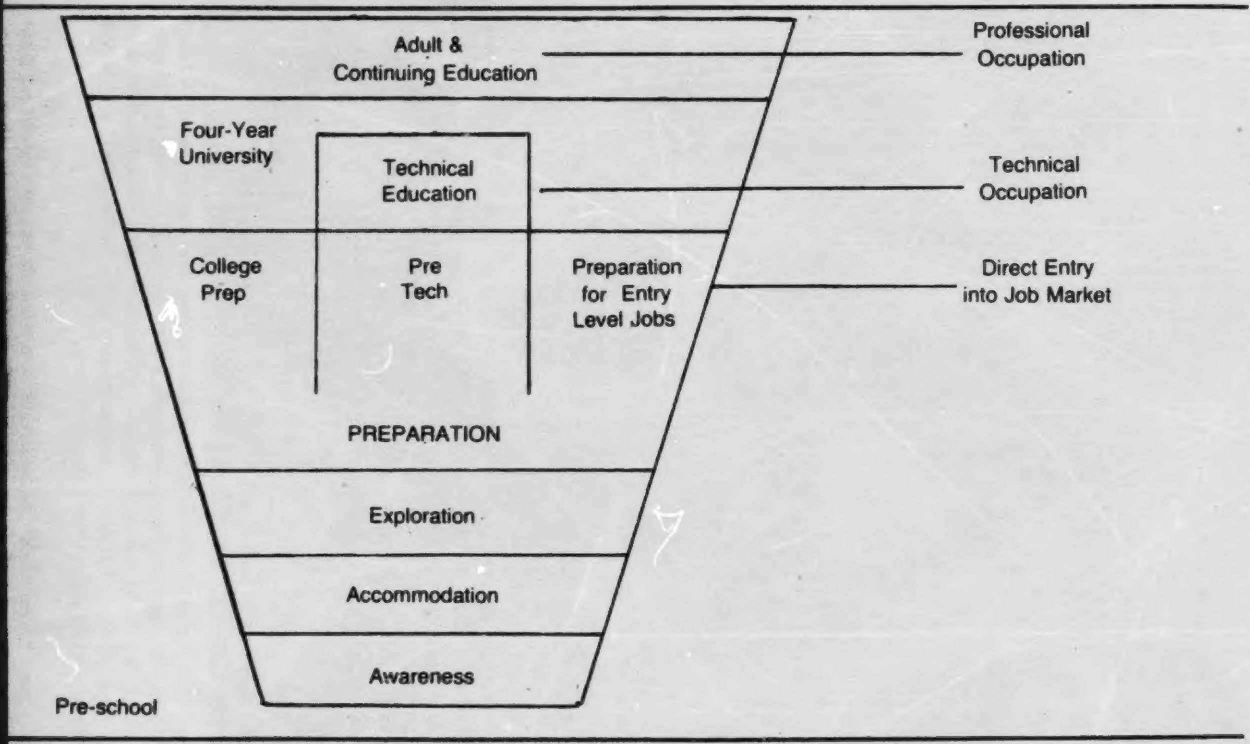

Figure 2. Continuum of Programming

Because of the federal and state legislation mandating the provision of career/vocational programming for handicapped students, it will necessitate, as I perceive it, a reordering of the functioning role of advisory boards.

Since there are generally a number of advisory boards stirring around, it is recommended that an analysis be made of whether they could be reorganized for better utilization of everyone's time. Sometimes special interest groups, vocational organizations, and other groups may not approve, but if AEA's and LEA's want to deal with the continuum of services approach, both for general education and special needs population, they will have to unify into more practical units and consider and plan for career and vocational experiences.

If the advisory council (committee) is at the AEA level, representation from the following should be considered:

- Superintendents
- Principals
- Area community colleges
- AEA—Career education and special education personnel
- Unions
- Consumer advocate groups
- CETA
- Voc rehab
- Sheltered workshops/work activity centers
- Board supervisors
- Business and industry
- Residential facilities
- Social services

Through the process of securing key individuals to represent various factions of the community, a more comprehensive plan can be developed. Since the AEA is a support agency, it has the potential of being the prime mover in securing this kind of planning. The AEA is also the link in identifying handicapped students and facilitating, in a systematic manner, a handicapped person's move from the school program into the post-secondary world by securing other agencies' cooperation and support when the transition from school to the adult world begins.

Programming for Career/Vocational Education

The primary goal of this comprehensive planning is to insure that AEA's and LEA's will be able to implement all phases of Career/Vocational Programming for all students with the various handicapping conditions. The educational community must plan programs that include programming in the school and in the extended classroom which is the community.

The school-based model is intended to help students not only develop a comprehensive awareness of their career options and their ability to enter employment in selected occupational areas, but decide whether they should continue their education at the post-secondary level. The process also provides experiences in the discovery of their development (such as initiative, resourcefulness, pride in work, etc.) and a realistic understanding of the relationship between the world of work and education. In order to accomplish this, four major phases are emphasized, career awareness, accommodation, exploration, and preparation.

Phase I—CAREER AWARENESS

1. Encourage development of work habits and realistic attitudes toward occupations and employment.
2. Program opportunities for students to become aware of themselves as individuals and group members within the community.
3. Create opportunities to develop student awareness of as many occupations within the 15 cluster areas as possible and interact with these community resources.
4. Develop basic skills and improve overall pupil performance by unifying and focusing basic instructional areas around the career development theme.
5. Develop curriculum that will provide an orderly progression and movement from one level of instruction to the next.

Phase II—ACCOMMODATION

6. Provide experiences that will assist students in self-discovery of their interests, abilities, values, and needs as they relate to occupations and occupational roles.
7. Continue the development of the student's basic skill level performance by making all instructional areas relevant and meaningful.
8. Provide opportunities for students to observe and/or interact with selected community workers. (Examples: field trips, individual site visits.)
9. Identify occupational groupings or clusters and the similarity of worker-trait characteristics that are required for different occupations.
10. Provide opportunities for pupils to serve others in the community and profit from community citizenship.
11. Develop curriculum that provides an orderly, developmental progression of learning experiences from level to level (grade to grade).

Phase III—EXPLORATION

12. Continue in-depth development through instruction in three crucial areas: basic skill development, social-emotional skill development, and occupational readiness (pre-vocational skill development).
13. Provide students with simulated or hands-on exploration of occupations chosen from the 15 cluster areas.
14. Organize career development learning centers for discretionary and prescriptive learning experiences.
15. Provide extensive career guidance activities.
16. Continue developing sequential curriculum to provide a scope and sequence that can better assure appropriate, interrelated activities.

Phase IV—PREPARATION

17. Provide every student with experiences that will develop skills to make them employable upon exiting from the school program.
18. Continue in-depth opportunities to develop personal-social skills to enhance their opportunities in the world of work.
19. Provide work adjustment and work experience training preparation when the student cannot benefit from general education vocational preparation programs. This can be done in the business/industry settings, dependent on the individual student's needs.
20. Provide continuous exploration and preparation opportunities for those individuals who may be enrolling in colleges, universities, or other high level education programs.
21. Provide guidance and counseling service in conjunction with parents when necessary.
22. Provide assistance and support to all students in the transition and termination of the high school program at age 21 or earlier. Provide assistance in incorporating support from agencies and resources that will help the handicapped person in seeking a job, post-secondary occupational training, or entry into college/university programming.

The difference between Career Education and Vocational Education is summarized as follows.

Career Education

Prepares students for work, not a specific job or trade.

Career education awareness, exploration, decision making and planning.

—Focuses on paid as well as unpaid employment (e.g., volunteer), leisure and recreation, homemaking, being a student.

—Continuing role change from childhood through adulthood.

—Preparation in the areas of job-seeking skills, personal and social development, self-maintenance, and survival skills.

—Prepares all students for community expectations and entry level skills to be participating citizens in the community.

—Continuing education is a part of the process, whether it be self-growth, involvement in adult education, or college/university enrollment.

—Provide broad orientation to various occupations that exist in society with guidance and counseling to general career skills and in career decision making.

—No specific courses or instruction program.

—Learner needs.

—Includes career awareness, exploration, decision making, preparation, entry, and advancement. (Vocational education has only one of these components—career preparation—as its main thrust.)

—Career education is for *all* persons, whereas vocational education, as it exists now, concentrates primarily on people seeking vocational/technical education below the baccalaureate degree level.

Vocational Education

Students receive specific job skill training.

—Preparation is skilled and technical in nature and does not require college or university preparation.

—Specific training to be competent in a specific vocation. Allows an individual a certain credibility for a job upon completion of preparation and training. The level of skill is dependent upon where the individual is trained—high school, vocational technical school, area community college.

—Continuing education is also a part of this training if the person chooses to expand on vocational preparation. This individual has demonstrated entry level skills for the job market when leaving a high school vocational program.

—A traditional vocational education program requires:

- Preparatory classes prior to lab courses.
- Related course work is a component of the lab work and the co-op experience.
- Co-op training is provided in the community under the supervision of the co-op teacher. Opportunity to try skills out.
- Paid employment placement.

The Role of the Work Experience Instructor (WEI)

The work experience instructor is an AEA employee who is responsible for developing sites in the community for either exploration or preparation. They are to serve *all disabilities*.

The primary utilization of the instructor's services should be for students who need alternative programming particularly in the SCI, SC class models. In situations where they can assist, they should support students in resource teaching programs as well.

A special education teacher serving SCI's or SC may serve in two capacities if no WEI is available at the support level; the teacher can serve as special education teacher and a coordinator who places students for exploration, work adjustment, or work experience. This limits the time for development of sites and on-site visits for coordination and evaluation purposes.

The WEI is a key person in that he or she is free to place students for exploration or preparation when general education options are not appropriate and the special education student needs alternative programming.

The WEI can follow up on site placement of students with the special education teacher. The availability of a WEI also allows the placement of students throughout the day, therefore providing more options for student placement.

The role of these persons is different than that of the traditional work-study coordinator teacher in that they serve all disabilities when alternative programming is necessary; they do not teach unless it is related instruction; they are to coordinate between the exploration or training sites and the school program and assist in the development of IEPs. They also can facilitate the transition from secondary programming to post-secondary programming or employment.

Iowa had a total of 447 LEA's serving 646,036 students (public and non-public), of which 55,476 students were identified as handicapped. Of this total, approximately 18,000 are ages 13-21 and being served in junior and senior high programs. (Data available as of December 1978.)

To facilitate access to vocational programming in Iowa, whether offered in special education or general education, a number of strategies, agreements, processes, resources, and programs have been developed. The following provides descriptions of some of these.

Project Discovery

A SYSTEM OF HANDS-ON WORK SIMULATION PACKAGES INVOLVING STUDENT PERFORMANCE OF ACTIVITIES DRAWN FROM THE REAL WORLD OF WORK.

Developers: Southwest Iowa Learning Resources Center and Iowa State Department of Public Instruction (1971-1977).

Seventy-three high visualized, self-instructional packages allow students to explore (by actually performing) hands-on tasks. These tasks include most of the characteristics of "kinds" of work activity. The activities are based on USOE clusters and *Dictionary of Occupational Titles* analysis.

CISI

(Career *I*nformation *S*ystem of *I*owa) A CAREER INFORMATION, GUIDANCE SYSTEM UTILIZING SPECIFIC INFORMATION ON 300 OCCUPATIONS AND SELF-PERCEPTION INSTRUMENT CALLED "QUEST" WHICH ENABLES THE USER TO RELATE "SELF" TO THE ATTRIBUTES OF ALL THE OCCUPATIONS IN THE INDEX.

Developers: Des Moines Area Community College and Iowa State Department of Public Instruction (1971-1972)

Components include needle sort and computerized delivery of Iowa based occupational and educational information. This allows students to generate a list of possible occupations based on interests, abilities, etc.

Community School Program

This program was formerly known as the "Employer School Program." The change in the title is being made since there is no "employer/employee" relationship and the community is utilized as a resource learning area. Most small communities and school districts are not able to expand vocational offerings to meet the needs of the disadvantaged and handicapped student. The CSP was established to utilize business and industry tradespersons as a resource in the community on a contractual basis to provide exploration and training and at the same time assist the schools in expanding their vocational offerings without establishing new laboratories and added instructors and equipment. During fiscal year 1978, 37 school districts participated in CSP and approximately $100,000 was reimbursed to the schools (programs ranged from $45 to $9,000). In fiscal year 1979 there were some 50 schools applying for CSP funds.

ICEP

(*I*owa *C*areer *E*ducation *P*roject) AN IOWA CAREER EDUCATION PROJECT WHICH RESEARCHED, DEFINED, AND DESCRIBED PRACTICAL APPROACHES FOR INTEGRATING CAREER EDUCATION ACTIVITY INTO ONGOING CURRICULUM.

Developers: Iowa State University, nine pilot schools, and Iowa Department of Public Instruction (1976-1977)

Emphasizes objectives and activities teachers can use to infuse career education into on-going curriculum.

Teacher Aide Program (TAP)

"Mainstreaming the Elderly"

This program was organized with the recognition that most disadvantaged and handicapped students do not receive appropriate vocational preparation and training for adequate adjustment into the labor market. Special designed programs and individual assistance must be provided in order for this population to succeed. In parallel to this need, many elderly persons have acquired expertise from a wide variety of experiences so that they can provide assistance by individual tutoring, counseling, and like activities. Aides will be selected on the basis of their age, retirement status, and experience. They must be retired with preference given those over age 60. In fiscal year 1978 14 teacher aides were employed and schools were reimbursed approximately $12,000.

Teacher Incentive Grants (TIG)

The disadvantaged and handicapped have always been entitled to appropriate programs in education—particularly vocational programs. In order for appropriate programming to take place, much modification of existing curriculum must be done and even new curriculum areas designed. Since local budgets generally do not allow individual instructors opportunities to exercise their innovativeness for program improvement, TIG was established for the purpose of encouraging teachers to carry out their ideas for improving vocational opportunities for disadvantaged and handicapped students. This program did not exist in fiscal year 1978.

PRICE

(*P*rogramming *R*etarded *I*n *C*areer *E*ducation) PROJECT PRICE HAS DEVELOPED A MODEL FOR INSERVICE AND STAFF DEVELOPMENT TRAINING FOR SCHOOL PERSONNEL WORKING WITH THE RETARDED.

Developers: University of Missouri-Columbia and Bureau of Education for Handicapped (1974-1977)

The main objective of Project PRICE was to design an approach to train selected school personnel to better meet the needs of mildly handicapped students within a career education context. A training model has been developed which will allow regular classroom teachers to better understand and to have techniques and materials to work with retarded in a mainstreaming situation.

PR-3

(Project R-3) PROJECT R-3 HAS DEVELOPED GAMES AND SIMULATIONS LINKING ACADEMIC SUBJECTS WITH THE WORLD OF WORK.

Developers: San Jose Unified School District, California, and Title III-306 (1973-1976)

PR-3 activities are designed to increase student's awareness of the occupational value of academic subjects and decrease the perceived gap between the world of work and school.

Project Clue

The *Career Laboratories Utilizing Experience* (CLUE) is a program for secondary level students with severe learning disabilities. In addition to remedial academic education, the program offers the student career or vocational exposure and experience, social training, and enrichment experiences.

The types of career experiences the students receive is dependent on the age and skills of the students. Junior high students usually participate in volunteer activities or small group projects that result in a profit; e.g., popcorn stand, craft objects, domestic work. High school students usually are able to enter part-time employment by the junior or senior years. The placements vary from entry level labor skills, such as grocery store aides and restaurant help, to more skilled jobs as in auto body shops, department stores, and factories.

Individual placement of students is made under the supervision of the classroom teacher and work experience instructor. Group projects are organized and supervised by classroom teachers with assistance from a learning disabilities consultant. The academic program is closely integrated with the current career and vocational experiences of the student.

Students may earn credit for work experience at the rate of one-half unit of credit for 16 weeks (15 hours per week) of properly supervised and satisfactorily completed job experience.

The CLUE program is one of the few in the United States that provides structured career training for severely learning disabled adolescents. Since the project was initiated for federal funds in 1975, it has received considerable national attention. It is recognized as a model project according to the guidelines of Title VI funded programs. The program has been assimilated into the secondary level learning disabilities program in Des Moines.

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EBCE-M.D.

*E*xperienced *B*ased Career *E*ducation for the *M*entally *D*isabled student was developed under a grant received by Iowa Central Community College.

EBCE is a systems approach providing modules for the work experience instructor to assess the mentally disabled student's interest, and place the student in experiential sites to explore an occupation to see what is required at a particular work site. Each student experientially explores five or six sites a year and receives school credit.

The whole process is closely coordinated with special education teachers, with prevocational readiness becoming the thrust of their program and the curricular areas supporting those activities. It is currently being revised with future implementation planned for learning disability and visually impaired students.

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Homemaking 'Mainstreaming' Project

A project developed for the purpose of providing instruction to mentally and physically disabled students within the regular homemaking classes.

The project uses the learning center approach and has been offered as inservice statewide to homemaking teachers. The inservice modules center around consumer education.

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CETA

At least 22% of the Youth Employment and Training Program funds must be used to serve in-school clients and must be accomplished through agreements with Local Education Agencies. These agreements can channel funds to the schools to provide services or may identify the services the prime sponsors will provide to in-school youth.

The NARC-OJT Training Project is funded by the U.S. Department of Labor and/or the Manpower Planning Agency in Iowa through the Comprehensive Employment and Training Act (CETA). It is administered to the National Association for Retarded Citizens. The project encourages business to provide job opportunities for work-ready mentally retarded individuals and reimburses employers for training given these individuals during approximately the first two months of employment when job adjustment is especially critical.

ESEA Title IV-Parts B & C

Title C. Competitive grants program will fund four types of projects.

A. Developmental Operational Grants

Operational grants provide funds assisting in the development of programs designed to solve critical and persistent educational problems.

A proposal for a grant should include measurable objectives, a comprehensive evaluation system, an effective management system, staff development activities, provisions for community involvement, and local dissemination. Operational grants may be approved for up to $100,000. Projects making substantial progress toward stated objectives may be eligible for a continuation grant of one year; a total of two one-year continuation grant applications may be approved.

B. Validated Operational Grants

LEA's may be funded to operate projects validated by the IVD (Identification, Validation, Dissemination) process. Funding is also available for projects documenting successful objectives attainment, cost effectiveness, and exportability potential. LEA's must agree to finance the ongoing project costs. Title IV funds may be used to conduct supplementary activities and services beneficial to potential adopters of the program. Approved activities may include: (a) the development and dissemination of information packages; (b) development of training, administrative, and instructional materials; and (c) the provision of training and technical assistance. Approved budget expenditures for staff will be limited to dissemination/demonstration activities. An approved Validated Operational Grant may receive funding for one year, not to exceed $100,000.

C. Adoption Grants

Adoption grants assist in funding projects providing for implementation of programs previously developed by a local school district, a regional educational laboratory, or a research development center. These programs shall have been validated by the IVD (Identification, Validation, Dissemination) process, approved by the U.S. Office of Education/National Institute of Education Dissemination Review Panel (JDRP) for inclusion in the National Diffusion Network (NDN), or have documentation of successful objective attainment. Cost for an adoption grant is $5,000, and is limited to one year.

LEA's planning to adopt promising educational practices addressing locally identified needs may apply for funds to defray implementation costs. Such costs include staff training, curriculum materials, technical assistance from the developer/demonstrator, special equipment, and program evaluation in the adopter district. Ongoing costs such as teacher salaries are excluded. Information about state validated (IVD) and/or JDRP approved projects in the National Diffusion Network is available by contacting the Director of Education Services in each area education agency, or by contacting the Planning, Research, and Evaluation Division.

D. Teacher Incentive Award Grants

The Teacher Incentive Award (TIA) program is designed to implement teacher-originated ideas. Eligible applicants are individuals working directly with children in elementary and secondary schools in Iowa. Included would be regular classroom teachers, nurses, librarians, speech clinicians, counselors, special education teachers, and psychologists.

The maximum award is $2,000 regardless of the number of teachers involved. TIA projects must be completed within one year. Teacher Incentive Awards are not transferable. If the applicant leaves the school district, the grant does not follow, nor can it be transferred to another teacher in that district.

An application may be submitted by an eligible employee of the Local Education Agency and nonpublic teachers shall be given the opportunity to apply through the public school.

The projects representing an innovative or unique solution to an identified local educational need or problem will be given priority. The considerations include the clarity of objectives, activities, and provisions for evaluation.

Budget items may include extended contract for the applicant, supplies and materials, travel and workshop and consultant fees.

The Local Education Agency must agree to receive the award and maintain a separate accounting of the expenditures. The application must be approved by the applicant's principal or supervisor and the superintendent.

Individualized Education

(IEP-Special Education Division) provides guidelines and models for the development of the individualized education program for each student in need of special education services.

Interagency Agreements

Agreements currently are operational between state agencies such as the Branch of Vocational Rehabilitation Services, the Department of Social Services, the Board of Regents, and the Department of Public Instruction. These service agreements define what services are delivered by each agency to avoid duplication of services and funding.

Comprehensive Monitoring System

The Division of Special Education has the mandated responsibility to monitor all special education programs and services.

The division entered its third year of a systematic approach to monitoring in 1978-1979. During the first three-year cycle, five Area Education Agencies/Local

Education Agencies will be monitored to determine their compliance to serve all handicapped students each year. Fifteen to 17 special education administrators and consultants are utilized in the three-day evaluations. Upon completion of the first three-year cycle, a new three-year cycle will begin emphasizing, in addition to compliance, qualitative aspects in the delivery of special education programs and services.

Iowa Vocational Education/Special Needs Assessment Project, Summary,1978

The Special Needs Section, Iowa Department of Public Instruction, in cooperation with Drake University, conducted a state-wide survey of secondary vocational educators to determine the extent to which services were being provided disadvantaged and handicapped students in vocational classes and the areas of support which need attention.

The information collected from this survey was tabulated and analyzed by the staff at Drake University.

State Consortium of University Vocational/Special Education Professor/Teacher/Educators

Developed in cooperation with the Iowa Department of Public Instruction (Special Needs Section and Special Education Division) for the expressed purpose of improving communication and defining training program needs in programming for the disadvantaged and handicapped in regular vocational programs. Those universities having representation from both vocational teacher-educators and special education personnel are: University of Northern Iowa, Drake University, Iowa State University, and the University of Iowa. The members of the consortium were:

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Samuel Barone, USOE Bureau of Education for the Handicapped made the following predictions about the approximately 2.5 million handicapped youth who will leave our school systems in the future.

- 525,000—21% will either be fully employed or enrolled in college.
- 1,000,000—40% will be underemployed and at the poverty level.
- 200,000—8% will be in their home community and idle much of the time.

•650,000—26% will be underemployed and on welfare.

•75,000—3% will be totally dependent and institutionalized.

If these predictions are to change, it will require major attitudinal changes and commitments.

The following list presents some of the activities that will need to occur to provide any quality kind of change in the delivery of career/vocational preparation of handicapped persons.

1. Greater teacher cooperation.
2. Inservice programs.
3. Instructional aides/tutoring.
4. Individualized instruction/modified curriculum.
5. Flexible curriculum.
6. Well designed and implemented strategies for exploration and preparation in general education curriculum or in special education alternative processes.
7. Administrative understanding and support.
8. Modified equipment/facilities and person aides.
9. Inclusion of handicapped students in guidance services.
10. Greater emphasis on exploration, hands-on and simulated.
11. There will be less emphasis for *all* students including the handicapped to be enrolled in traditional vocational programs unless they really match the occupational readiness levels of interest and abilities demonstrated during the exploration phase.
12. Provision of a wide range of personally meaningful work opportunities and emphasis on accomplishments and discovery of an individual's talents rather than his or her limitations.
13. University/College Trainer Consortium—special educators and vocational educators to change preservice training.
14. No distinction in graduation practices for handicapped. If they complete the program, they graduate and receive a diploma like anyone esle.
15. A collaborative effort involving the school, home, and family, and the business-labor-industry-professional-government community.
16. Not only instruction in school, but in the extended classroom—the community.

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